



WEST ISLIP
BREAST CANCER COALITION
FOR LONG ISLAND, INC.



2025 Scholarship Application

(Please return by May 2, 2025)

Personal Information:

Name:	Date of Application:
Address:	School:
Town:	Date of Graduation:
State:	Phone:
Zip:	E-mail:

Tell us about your future plans (education, career, community involvement, etc.):

List all community service activities, hobbies, outside interests and extracurricular activities:

Please attach a 750-word essay explaining the impact breast cancer and/or gynecological cancer has had on you and your family.

Signature: _____

Date: _____

Mail to: West Islip Breast Cancer Coalition, PO Box 247, West Islip, NY 11795

Email: info@wibcc.org