

2025 Scholarship Application

For WIHS Students Only (Please return by May 2, 2025)

Personal Information:

i ersonal information.		
Name:	Date of Application:	
Address:	School:	
Town:	Date of Graduation:	
State:	Phone:	
Zip:	E-mail:	
Tell codes to a set to a classified code a consequence of the classical consequence.		
Tell us about your future plans (education, career, community involvement, etc.):		
List all community service activities, hobbies, outside interests and extracurricular activities:		

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

Email: info@wibcc.org

cancer has had on you and your family.		
Signaturo	Date	
Signature:	Date:	

Please attach a 750-word essay explaining the impact breast cancer and/or gynecological

 ${\sf Mail\ to:\ West\ Islip\ Breast\ Cancer\ Coalition,\ PO\ Box\ 247,\ West\ Islip,\ NY\ 11795}$

Email: info@wibcc.org