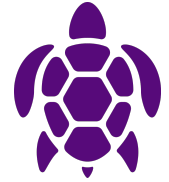


The Jamie Bax Memorial Scholarship

*In loving memory of Jamie Bax (1987 - 2019).
Supporting individuals with Cystic Fibrosis in
their pursuit of higher education since 2021.*



Application Form

Personal Information:

Full Legal Name: _____
(Please Print, or Type.)

Date of Birth: _____

Gender: M _____ F _____ Single: _____ Married: _____

Have you ever been convicted of a crime? Yes _____ No _____
(If yes, please explain on a separate page.)

Prior Application?

Have you ever applied for this scholarship in a previous year?

Yes _____ No _____, If yes, did you receive one? Yes _____ No _____, What year(s)? _____

Family Information:

Your Parent's Names: _____
(Enter your Spouse's Name if the applicant is married.)

Your Father's Profession & Place of Employment:

Your Mother's Profession & Place of Employment:
(Enter your Spouse's Profession & Place of Employment if the applicant is married.)

Number of Siblings: _____ Number of Siblings with CF: _____

Age(s) of Siblings: _____
(Replace the above with "Number of Children", "Number of Children with CF", and "Age of Children" if the applicant is married.)

Permanent Residence:

(Home address: Family's primary residence and address used for school registration.)

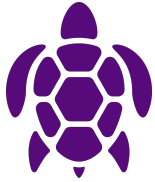
Street Address: _____

City, State Zip: _____

Contact Information:

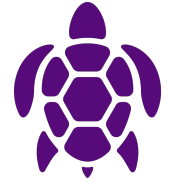
Cell Phone Number: _____ Whose No.? _____
(Note: Who's number does this belongs to? The Applicant, Parent, or Guardian.)

Email Address: _____ Whose Email? _____
(Note: Who's email address this belongs to? The Applicant, Parent, or Guardian.)



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Application Form

Educational Information:

High School Attended:

High School Name: _____

Address, City, State: _____

College-Level Courses: _____

Current GPA (include scale): _____

Date of Graduation: _____

College Undergrad or Post Grad School:

Name of Institution: _____

Address, City, State: _____

Current GPA (include scale): _____

Current Academic Status (College Freshman, etc.): _____

Your Major(s): _____

Number of credits earned to date: _____

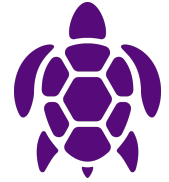
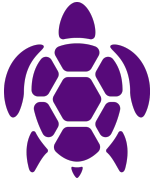
Total number of credits required for completion: _____

Extra-Curricular Activities:

List all extra-curricular activities (high school, college, and non-school related) and in the order of your importance: _____

(Cont. next page)

The Jamie Bax Memorial Scholarship



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Application Form

Application Certification:

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate or misleading information or omission will be cause for the rescission of any grant offered to me. I affirm that I plan to pursue higher education as defined in those documents. I permit officials of my institution to release transcripts of my academic record and other information requested for consideration in this scholarship. I understand that this application will be available only to qualified people who need to see it in the course of their duties.

Privacy Statement:

We will not sell, share, or distribute the information you submit with your scholarship application to any third parties. The information you submit will be used only for determining the scholarship recipient and securely deleted within an appropriate time after the selection period.

Disclaimer:

By signing this application, the applicant, if they are selected as a scholarship award recipient, permits us to publish limited information on our website. This will include the following: applicant's photo, applicant's name (first name & last initial), school, life ambitions, and any scholarship award they receive.

Applicant's Signature: _____

Applicant's Name: (print) _____

Date: _____

Parent's Signature: _____

(If the applicant is under the age of 18.)

Parent's Name: (print) _____

Date: _____