


Application for “Sarah Thurmond Scholarship”

PLEASE TYPE OR PRINT. Complete the entire application. With this application please send required essay and explanation of your condition from your doctor.

Send to: WWFEB P.O. Box 851092, Westland, MI 48185

email: Friends@wwfeb.org

Applying For: \$1000 Scholarship	Student’s Name (Last, First, Middle):	Must be a resident of: MICHIGAN	
Street Address:		City	
Zip:	Home Phone:	Cell Phone:	Email Address:
Are you a resident of Michigan	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 16 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what is your current age?
Do you have the condition Epidermolysis Bullosa (EB).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please attach a doctor’s note of confirmation of this condition. Is this note attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If No, explain why note is not available
Name of learning institution attending		What degree or education interest are you pursuing?	
How did you learn about this Scholarship?			

	Please attach a short essay on your hopes of succeeding in your education.
	Scholarship deadline is May 1st.
	WWFEB will notify the winner by June 1st
	Scholarship money will be sent directly to school of attendance. You will need to provide detailed information on where to send.

Applicant Signature: _____

Date: _____

Parent’s Name _____

Note: You do NOT have to attend a Michigan school to qualify.