

Lisa Michelle Memorial Fund



www.theLMMFund.org | info.theLMMFund@gmail.com

SCHOLARSHIP APPLICATION FORM

To apply for a scholarship from The Lisa Michelle Memorial Fund, please fill out the application below and submit all required documents listed in the scholarship criteria. Only completed applications will be considered. Applications and supporting materials must be received before the application deadline to ensure processing. The scholarship recipient will be notified by email, and the scholarship will be sent to the school noted on your application for the 2019 Fall term. **Deadline to apply is May 18, 2019. All documents must be submitted via email at info.theLMMFund@gmail.com**

SECTION 1: PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

SECTION 2: ACADEMIC INFORMATION

Name of College/University: _____

Address: _____

City: _____ State: _____ Zip: _____

Major: _____

Enrollment Status: Full Time Part-Time Expected Graduation Date: _____

Current Education Level: High School Senior College Freshman College Sophomore
 College Junior College Senior
 Other: _____

SECTION 3: DISCLAIMER AND SIGNATURE

I certify that my scholarship application answers are true and complete to the best of my knowledge. If this application leads to awarding of a scholarship, I understand that false or misleading information uncovered in my application may result in my having to make restitution.

Applicant's Signature: _____ Date: _____

SECTION 4: HOW DID YOU HEAR ABOUT THE LMM FUND SCHOLARSHIP? (Check all that apply)

Facebook Twitter Website School Scholarship Bulletin Scholarship Soup

Other _____

SECTION 5: SCHOLARSHIP CRITERIA

1. Applications and supporting materials must be received before the application deadline to ensure processing. The scholarship recipient will be notified by email, and the scholarship will be sent to the school noted on your application for the Fall term.
2. Applicants must personally apply for the scholarship. Applications cannot be submitted by a third party.
3. Applicants must be a legal US citizen and enrolled in a college or university located in the United States.
4. Applicants must show proof of part-time or full-time enrollment in a college or university. Proof of enrollment would include:
 - Proof of registration from the registrar's office
 - Class schedule that has your name and student ID number

Prior to the scholarship being sent, there must be verification of registration and/or enrollment for the Fall 2019 term.

5. Applicants must show proof of a 3.0 minimum grade point average by submitting a recent transcript.
6. Applicants must have had a parent or guardian who passed away due to substance abuse. We must have written verification that this was the cause of death (i.e. death certificate).
7. Applicants must submit an essay of approximately 800-1500 words that describes the following:
 - How your parent or guardian passed away and how you got through that difficult time in your life
 - What your biggest challenges were being a student with a parent struggling from addiction
 - What your education means to you and your family
 - Why you feel you should be awarded this scholarship
 - How this scholarship will make a difference in your life
8. Previous scholarship recipients do not qualify

All submission materials become the property of The Lisa Michelle Memorial Fund and will not be returned to you. If chosen, the recipient will be asked to participate in a written interview to be used on our website.

SCHOLARSHIP INFORMATION

- **Name of the scholarship:** The Lisa Michelle Memorial Fund Scholarship
- **Deadline date:** January 1, 2019 - May 18, 2019
- **Detailed description:** The scholarship is provided to a student that has lost a parent to substance abuse whether it was caused by drug, alcohol, or prescription drug addiction. Applicants must submit all required materials to be considered.
- **Value of the scholarship:** \$1,000
- **Number of scholarships available:** 1
- **Minimum SAT/ACT and GPA:** Minimum GPA of 3.0
- **Previous Recipients Qualify:** No
- **Residency Requirement(s):** Must reside in the United States
- **School Year:** High School Senior or College/University Student
- **Major:** Open to all majors
- **Required college state:** N/A
- **Required college or university:** Open to all college/universities within the United States
- **Required race or heritage:** N/A
- **Required student activities:** N/A
- **Any parental requirements:** Parent or guardian's cause of death must be due to substance abuse.
- **U.S. Citizenship:** Required
- **Specific disabilities, if applicable:** N/A
- **Religion or religious heritage:** N/A
- **Sports or hobbies:** N/A
- **Gender:** All
- **Marital status:** All

Note: "Only emails will be accepted"

LISA MICHELLE MEMORIAL FUND AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant Name: _____

I hereby authorize The Lisa Michelle Memorial Fund (LMM Fund) to use and disclose information about me for the purposes of creating press releases, news stories, photographs or video clips, website and/or publications, as well as stand-alone pictures/graphics in which I may appear and/or be heard, for use in internal LMM Fund publications and/or disclosure to external (non- LMM Fund) media.

The information about me may include my: name, age, city and state of residence, photographs, why I'm applying and why I qualify for a scholarship from The Lisa Michelle Memorial Fund. The information may also be disclosed to external media in the form of press releases, stories, photographs or video clips. It may also be used for internal purposes or on the LMM Fund website or through LMM Fund's own marketing or educational campaigns. The LMM Fund will not receive any direct or indirect payment from or on behalf of any third party in exchange for the release of this information about me.

I understand I am not required to sign this authorization, however the information will not be used or disclosed without authorization. I understand any information used or disclosed pursuant to this authorization may be subject to redisclosure.

I understand I have the right to revoke this authorization in writing, except to the extent information has already been released pursuant to this authorization at the time of the revocation. I can revoke this authorization by sending correspondence to the Lisa Michelle Memorial Fund at info.theLMMFund@gmail.com.

I hereby release, discharge and agree to hold The Lisa Michelle Memorial Fund harmless from any liability that may arise from the release of information authorized above.

Date _____

Signature of Applicant or Personal Representative

Print Name

If the applicant is a minor or has a personal representative, I represent that I am the legal parent/guardian/personal representative of the Applicant named above and I am not prohibited by Court Order from releasing access to the requested information

FOR OFFICIAL USE ONLY

Documents Submitted:

- Completed Scholarship Application []
- Proof of Enrollment in a College or University []
- Proof of 3.0 Minimum Grade Point Average []
- Written Verification of Parent/Guardian's Cause of Death []
- 800-1500 Word Essay []