



Scholarship Program Application

The **BIGHORN Behind A Miracle Scholarship** was designed to ease the financial burden experienced by family members who have either lost a parent or relative to breast cancer, or whose relative has been treated or is currently being treated for breast cancer, as well as the applicant themselves. Several \$1,000 scholarships will be awarded to students demonstrating positive growth from a difficult life experience. The number of awards given out will be determined based on the amount of funds raised from the **BIGHORN BAM Walk for Life**.

Tell us your story: The students selected for this scholarship will be chosen based on a personal essay. Applicants must have a minimum cumulative grade point average of 2.5 and a treating physician's office must verify the patient's name. The essay must address the impact that having a family member with breast cancer has had on the applicant's life, as well as the challenges that have been presented to the applicant by this experience. The application may be submitted either online at www.bighornbam.com, faxed to (760) 776-5187 or mailed to BIGHORN BAM, 255 Palowet Drive, Palm Desert, CA 92260. Limited to Coachella Valley residents.

Applicant Information

Last Name:	First Name:	Middle initial:	
Address:	City:	State:	Zip:
Telephone:	Cancer Patient's Name:	Relationship:	
Dates of treatment:	Treating Physician's Name: (to verify relative's treatment)	Physician's Phone:	
Address:	City:	State:	Zip:

What are the educational goals for this individual:

Self Development (Please explain in essay)
 English as a second language
 Associates Degree
 Bachelors Degree
 Masters Degree

What semester/quarter are you currently applying for:

Spring Summer
 Fall Winter

Have you applied for a government assistance program

If Yes, Which ones? Please check all that apply

Yes No
 FAFSA Scholarships
 Bog / Waiver Other: _____

School Information

School Name:	Student ID:		
Address:	City:	State: Zip:	
School Contact:	Contact Phone:	Contact Email:	
Financial Aid Department Address:	City:	State: Zip:	
Please specify program or area of study:	Current GPA:	Units Completed:	Expected Graduation Date:

Please attach a copy of your schedule, unofficial transcripts, itemized statements (university applicants) and tell us your story of how breast cancer has affected your life.

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