



PATRICK *lives on...*
TO END GUN VIOLENCE

Patrick Lives On Scholarship Application Form

Application for Junior High/High School Students

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Cell): _____

Email: _____

Participant Name: _____ Age: _____

School: _____

Program/Camp: _____

Class Name/Code: _____

Please describe briefly how this scholarship will benefit you/your family:

Please have the student's teacher, principal, counselor or coach write a few sentences about why this scholarship would benefit the participant:

I have been advised and understand that:

- All information submitted is confidential and is not a matter of Public Records.
- All Scholarships will be awarded on the basis of need and the availability of funds.
- All Scholarships are legally recoverable if paid and awarded on the basis of false information supplied by the applicant. Providing false information will nullify your request for assistance.
- Program/Camp registration is the applicant's responsibility and is a separate procedure based upon availability.
- This scholarship application is valid through December 2017.

Please submit applications for scholarship by mail to:

Patrick Lives On
PO Box 1683
Des Plaines, IL 60017

Parent/Guardian signature: _____ Date: _____