

**SEYMOUR PINK, INC.  
THE THEODOSIA McENERNEY MEMORIAL SCHOLARSHIP  
APPLICATION FORM  
2019**

Seymour Pink, Inc. is a non profit organization with a mission to unite a community in the fight against breast cancer. Theodosia McEnerney, who lost her battle with breast cancer at the age of 55, was the mother of Mary Deming, founder of Seymour Pink, Inc.

This year the Board of Directors' of Seymour Pink will be offering four \$2,000.00 scholarships in Mrs. McEnerney's memory to deserving college bound students.

**Applications must be received no later than Wednesday, April 24, 2019**

In order for a student to be eligible for this scholarship, the applicant must meet the following criteria:

1. The applicant must have a loved one (family and/or friend) who have/or has been diagnosed with breast cancer.
2. The applicant must be a resident of the Naugatuck Valley.
3. The applicant must be planning on attending an accredited 2 or 4 year college, university or technical school as a full time student for the academic year 2019-2020.
4. The applicant must complete the application form and write an essay in response to the following prompt:

**“WHAT I have LEARNED from this experience and HOW might I HELP OTHERS because of it.”**

Incomplete applications will not be considered.

5. You may email, hand deliver, or post your completed application. Please use the following:

[Caroline39@comcast.net](mailto:Caroline39@comcast.net)

Hand deliver to the Seymour High School Guidance office, or post to:

Caroline Sweeney  
Seymour Pink, Inc.  
P.O.Box 333  
Seymour, CT 06483

For any further information, please contact:

Caroline Sweeney

[Caroline39@comcast.net](mailto:Caroline39@comcast.net) or phone 203-888-2561 ext 1085

Scholarship applications will be reviewed and scholars chosen by the Seymour Pink, Inc. Scholarship Committee. Student essays, grades and extra-curricular activities will be considered as criteria. In fairness to all, the names will be withheld until after the recipients have been selected.

Upon nomination, the scholarship committee of Seymour Pink, Inc. will have the authority to decide which (if any) of the nominations warrant consideration. All applications will be kept confidential.

Scholarships will be awarded to Seymour High School students at the Seymour High School Award Assembly in late May. Student scholars who attend other schools will be awarded their scholarship at the June 2019 Seymour Pink, Inc. Board of Directors meeting.

**Seymour Pink, Inc.**  
**THE THEODOSIA McENERNEY MEMORIAL SCHOLARSHIP**  
**Application Form**

**Student Information**

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Applicant's Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City - State - Zip Code \_\_\_\_\_  
e-mail address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Parent or Guardian Information**

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Parent or Guardian Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City - State - Zip Code \_\_\_\_\_  
e-mail address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Sibling Information**

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How many? \_\_\_\_\_  
Age(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Reference Information  
(other than family member)**

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Personal Reference Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City - State - Zip Code \_\_\_\_\_  
e-mail address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

**Student Education Information**

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Current School Attending \_\_\_\_\_  
Street Address \_\_\_\_\_  
City - State - Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Expected Graduation Date \_\_\_\_\_  
Future School you will Attend \_\_\_\_\_  
Honors and Offices Held, and \_\_\_\_\_  
Extracurricular Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student & Parent Affirmation**

Both student and parent or guardian must read the following statement and sign as indicated.

We affirm that the information provided on this application is accurate to the best of our knowledge. We understand misrepresentations may constitute fraud which may result in the loss of eligibility of this scholarship or have other legal consequences. We give permission for the Selection Committee of the Seymour Pink, Inc. to review student transcripts and other personal information.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**