

SEYMOUR PINK, INC.
THE THEODOSIA McENERNEY MEMORIAL SCHOLARSHIP
APPLICATION FORM
2020

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 22, 2020

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 (or in other words, pay if forward) 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

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 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 students at the June 2020 Seymour Pink, Inc. Board of Directors meeting – date and time to be determined. Recipients will be emailed if they are selected and given details.

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Application Form

Student Information

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

Parent or Guardian Information

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

Sibling Information

How many? _____
Age(s)? _____

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

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

Student Education Information

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