

Katelyn and Kylie Earle Scholarship

Application deadline: May 15, 2023

This scholarship is open to high school seniors or graduates pursuing a college degree or entering a trade school. Applicants must have a neurofibromatosis (NF) diagnosis or be a sibling of a person with NF.

| 1. | Last Name: | First Nan | ne: | |
|----------|---|---------------------|----------------------|--|
| 2. | Mailing Address | | | |
| | Street: | | | |
| | City: | State: | | |
| 3. | Phone Number: | | | |
| | Email Address: | | | |
| 4. | Date of Birth: | Gender: | | |
| 5. | NF Connection (circle one) | Self | Sibling | |
| 6. | College you will attending: | | | |
| 7. | Name and Address of Parent/0 Name(s): | Guardian: | | |
| | Street: | | | |
| | City: | State: | Zip: | |
| | Home/Cell phone of parents or legal guardians: | | | |
| 8. | On a separate sheet, please provide a typed essay (400-750 words) answering the question below: | | | |
| | Explain how NF has impacted your life. | | | |
| Please p | rovide a copy of your high schoo | l transcripts and a | a recent photograph. | |

I certify that this information is true, complete, and accurate. I authorize the release of information to confirm and/or verify this application. I further authorize the release of my name in connection with announcements of scholarship awards if I am selected as the recipient of the Katelyn & Kylie Earle Scholarship.

| Applicant's Signature: | | |
|------------------------|--|--|
| Date: | | |
| | | |

Seventeen22 Foundation Katelyn & Kylie Earle Scholarship 8535 Plainview Road Krum, TX 76249

Or email to info@seventeen22.org