

## Katelyn & Kylie Earle Scholarship

Application Deadline: April 1, 2025

This scholarship is open to high school seniors or graduates pursuing a college degree or entering a certified trade school. Applicants must have a neurofibromatosis (NF) diagnosis or be a sibling of a person with NF. Any scholarship awarded will be funded directly to the college, university, or trade school.

| 1. | Last Name:  | First Name: |         |           |  |  |  |
|----|---|-------------|---------|-----------|--|--|--|
| 2. | Mailing Address   |             |         |           |  |  |  |
|    | Street:   |             |         |           |  |  |  |
|    | City:   | State:      |         | Zip Code: |  |  |  |
| 3. | Phone Number:   |             |         |           |  |  |  |
|    | Email Address:  |             |         |           |  |  |  |
| 4. | Date of Birth:  | (           | Gender: |           |  |  |  |
| 5. | College or Trade School Attending:                                      |             |         |           |  |  |  |
|    |   |             |         |           |  |  |  |
| 6. | Parent/Guardian Information Name(s):                                    |             |         |           |  |  |  |
|    | Street:   |             |         |           |  |  |  |
|    | City:   | State:      |         | Zip Code: |  |  |  |
|    | Home/Cell phone:  |             |         |           |  |  |  |
| 7. | NF Connection (circle one)  | Self        | Sibling |           |  |  |  |
| 8. | Demographic Questions (answers will not impact eligibility or decision) |             |         |           |  |  |  |
|    | Race:   |             |         |           |  |  |  |
|    | Household Income:   |             |         |           |  |  |  |
|    | Parent(s) Occupation(s):  |             |         |           |  |  |  |
|    | Level of Education:   |             |         |           |  |  |  |

On a separate sheet, please provide a typed essay (400-750 words) answering the question below.

Explain how neurofibromatosis has impacted your life.



Please provide a copy of your high school transcript and 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 and photograph in connection with the announcement of scholarship awards if I am selected as the recipient of the Katelyn & Kylie Earle Scholarship.

| Applicant Signature: | <br> |  |
|----------------------|------|--|
|                      |      |  |
| Date:                |      |  |

Seventeen22 Foundation Katelyn & Kylie Earle Scholarship 306 N Loop 288, Suite 900 Denton, TX 76209

Or email to <a href="mailto:info@seventeen22.org">info@seventeen22.org</a>

\*Incomplete applications will not be considered.