



Meningitis Angels Heaven and Earth Bound, Inc.

Po Box 448 Porter, Texas 77365 Office Phone 281-572-1998 Cell Phone 713-444-1074

E-Mail MeningitisAngels@aol.com Web Site www.meningitis-angels.org

Page 1 of 3

**Application Instruction and Requirement
Application Deadline for Consideration April 1**

If you are applying for this scholarship:

- ❖ You must be a survivor of bacterial meningitis.
- ❖ You must have been an active verifiable member of the Meningitis Angels program for at least (2) two consecutive years prior to high school graduation.
- ❖ You must be a graduating senior of the year applying.
- ❖ This scholarship is given based on a point system and decided by an unbiased committee.
- ❖ Amount of scholarship will depend on funds available and how many qualifying applicants received.
- ❖ The following application must be completed in full in hand printed or typed word and submitted by mail no later than April 1, of your graduating year.
- ❖ Make sure all attachments ask for are included. Failure to do so could result in a loss of points in the final decision.
- ❖ You must sign the bottom of this document and have notarized.

Agreement

I, (print name) _____ hereby swear I have completed the following application with complete truth and fact.

I, give permission for Meningitis Angels to video/photograph my receipt of any scholarship which might be awarded to me. I understand this video/photo will be use in any and all publications of Meningitis Angels including but not limited to all web, written and visual media.

Sign _____ Date _____/_____/20____

Applicant Signature

Parent/Legal guardian if above is under 18 years of age.

I, _____ certify I witness the signature herein.

Notary Name

County/State Registered _____

Date _____/_____/20____

SEAL

Scholarship Application

Name _____

Age _____ Type of Meningitis _____

Address _____

City/Town _____, Zip Code _____

E-Mail Address _____

Home Phone _____ Cell Phone _____

Name of High School Graduating From _____

Class of _____ Honors Yes ___ No ___ List _____

Address _____

City/Town _____ Zip Code _____

How long have you been Active Member of Angels? _____

Please provide detailed list of your activities creating meningitis awareness in your school and/or community.

Please provide detailed list of fundraising activities for Angels you have participated in.

**Please provide a detailed list of service to Meningitis Angels
I.E. chat rooms, message boards, advocacy, state team leader**

Academic

Please provide a legal copy of your high school transcript.

Please provide a list of other Community/School/Church Activities

Written Essay (On a separate sheet of paper type in your own words) a one page essay on what being apart of the Meningitis Organization has meant to your life. What your degree/career plan is. Do you plan to and how can use this education to continue meningitis awareness?

List any scholarships or grants you have/are received/receiving, the amount, and destination of those, i.e. tuition, books, room and board etc.

Scholarships are funded in amounts according to resources each year.