



**Maxine Manara
Memorial Scholarship
Application 2016**

Dear Applicant,

Enclosed is an application for the 2016 Maxine Manara Memorial Scholarship. Please complete the entire application and return to the Lupus Alliance of LI/Q before July 10th, 2016. The physician verification form needs to be completed by the doctor who currently treats you or your parent for lupus. **If you have applied for a grant with us in the past, you do not need to fill out the physician verification form again, as we will still have it on file. If you are unsure, please call the office at 516-783-3370 to ask if we have your physician verification on file.**

- First time applicants will be given first consideration if they meet the criteria of the scholarship.
- Those applicants who participate in the organization through fundraisers or volunteering are given first consideration over other applicants.

The application must be postmarked by July 10th, 2016. Once received, your application will be reviewed by the Scholarship committee. Scholarships are awarded once every August. The decision of the committee will be e-mailed and US mailed to each applicant by August 30th, 2016.

The Maxine Manara Memorial Scholarship Program is available to **anyone** with lupus or any **minor (under 21 years of age) whose parent has lupus.** The applicant must be attending or have been accepted to any **accredited** College, University, or Trade School and is working toward a degree.

In order to qualify for this scholarship please note the following:

- *You must be a member in good standing with the LALIQ before submitting your application. If you are not a member, please call to request an application.*
- *You must live in Nassau, Suffolk or Queens.*
- *You must show financial need. For instance, lower than average income, special financial circumstances such as loss of job, high medical expenses, etc.*
- *If you are already in school, you must show proof of at least a 3.0 average.*
- *If the application is for a child who lives at home, proof of family income must be shown to the committee.*
- ***You must turn submit all requested documents and forms by July 10th. Incomplete applications will not be reviewed by the committee.***

Please call the office if you have any questions about the program or application. **Please attach and mail all requested items (such as income and residency verification) to these forms. Only completed applications with requested documents will be considered for a scholarship.**

Once awarded, scholarship checks will be made payable directly to the school or to the student upon presentation of a **bursar's** receipt or other acceptable proof of payment to the committee.

Maxine Manara Memorial Scholarship Program

A Program of the Lupus Alliance of LI/Q

PLEASE PRINT CLEARLY

Applicant Information

Date: _____

Name: _____ Age: _____

Address: _____

Phone: _____ Cell Phone: _____

Date of Birth _____ Check One: Male _____ Female _____

E-mail _____

Do you have lupus? Yes _____ No _____ Does your parent have lupus? Yes _____ No _____

Is this the first time you have applied? Yes _____ No _____

If my application for the Maxine Manara Scholarship Program is accepted, I agree to allow The Lupus Alliance of LI/Q to use my information (age, town, essay, and personal background information) on their website, public service announcements, or any other forum. My name, street address, phone and e-mail will not be disclosed and is only used by the Alliance for the purposes of applying for a grant under the Maxine Manara Scholarship Program.

Signature: _____ Date: _____

Print Name: _____

Parent(s) Signature: (If applicant is under 18) _____ Date: _____

Print Name: _____

Lupus Patient's Information

If applicant is not the one who has lupus, please state the name of the lupus patient here and their relationship to the applicant. ***(If applicant has lupus, you may skip this section)***

Name: _____ Relationship: _____

Address: _____ Phone: _____

RESIDENCY:

Are you a resident in the County of Queens, Nassau or Suffolk? Yes _____ No _____

(Please attach a photocopy of your Drivers License or other verification of residency such as a utility bill, or W2.)

INCOME VERIFICATION ***(Applications cannot be reviewed without the following information. Maxine Manara Scholarships are based on both lupus diagnosis and financial need.)***

Please attach a copy of your **entire processed** FAFSA (Student Financial Aid Services) report from www.fafsa.gov including the page that has the **EFC (estimated family income) listed**. The processed report is received online in your email, once you have submitted the forms and the government has accepted them. **We cannot accept a copy of the completed form unless it has been processed.**

Medical Release

I give the Lupus Alliance of LI/Q permission to contact my physician to verify my illness (If you have applied for a grant with us before, you do not have to fill out this section as we already have your medical verification on file). By signing this form, I am authorizing the disclosure of my diagnosis to the Lupus Alliance of LI/Q, for only the purposes indicated.

Signature of applicant: _____ Date _____

Signature of parent (if applicant is under 18yrs old.)

_____ Date: _____

Signature of applicant's parent (if it is the parent who has lupus):

_____ Date: _____

Physician Verification

Patient Name: _____

Address: _____

----- **---TO BE COMPLETED BY PHYSICIAN---** -----

This form is to verify that the above named person is your patient and has been diagnosed with Discoid and/or Systemic Lupus. This form is to verify a lupus diagnosis for the purpose of a Maxine Manara College Scholarship. Please fill out the form below and mail or fax it to the numbers at the bottom of this page as soon as possible. Thank You.

Physician _____

Address _____

Telephone _____ FAX# _____

Patient Diagnosis: _____

When was patient diagnosed with Lupus? _____

How long has patient been under your care? _____

Comments: _____

Physicians Signature: _____ Date _____

Please return to: Lupus Alliance of LI/Queens, Maxine Manara Scholarship Program, 2255 Centre Avenue Bellmore, NY 11710 or fax to 516-826-2058