



## ***UFIRST*** **2020 Education Scholarship Application**

***\*Please read and reread this application carefully.*** Only those applications, which include all of the information requested, will be considered. The names of successful applicants will be announced in the summer issue of the *Ichthyosis Focus*. Recipients will also receive letters of acknowledgment in early May. Funding will be sent directly to the designated institution. Only individuals affected by ichthyosis or a related skin type may apply. Late or incomplete applications will be disqualified. Faxes are acceptable. Please include a copy of this checklist with your application.

**\*The following must be included with this application form (application and materials must be submitted in English):**

- Completed application form.
- A typed 500-word essay focusing on the following topic: *How do you draw strength from the challenges of having ichthyosis?*
- Transcripts from schools currently attending.
- Letters from **three** character references, one of which must come from an instructor who influenced the applicant's plans for the future. Letters written by relatives are not acceptable. Each character reference must be signed by the author and from the current year.
- Attach pages 1 and 2 of parents' Federal Income Tax return for the current year only if the applicant is a dependent. Attach pages 1 and 2 of applicant's Federal Income Tax return for the current year, if filed. In the event that a non-custodial parent is providing any level of support for the applicant, similar income tax information for that parent must also be included. If the 2019 tax returns are not available, we will accept tax returns from 2018. ***Please black out social security and bank account information, for your protection.***
- A letter documenting the diagnosis of ichthyosis or a related skin type written by a physician or geneticist.
- A current photograph.
- If you are currently attending a post-secondary institution, a letter of current standing must accompany your application. This letter should state the applicant's current enrollment in a specific department and school and be certified by the school's Registrar's office.

**\*DEADLINE** - This application form along with any requested information must be postmarked no later than **March 31, 2020**. **Late or incomplete applications will not be accepted.**



# UFIRST Education Scholarship Program 2020 Application

Applicant's Name: \_\_\_\_\_ Type of Ichthyosis: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Current or intended major: \_\_\_\_\_

Class level as of September 2019 (i.e. 1st semester senior): \_\_\_\_\_

Goals and aspirations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant employment status: Part-time \_\_\_\_\_ Full-time \_\_\_\_\_ Not employed \_\_\_\_\_

Current employer name and address: \_\_\_\_\_

\_\_\_\_\_

Composite Grade Point Average \_\_\_\_\_

ACT Score \_\_\_\_\_

SAT Score \_\_\_\_\_

Name of Institution(s)  
where you have been accepted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tuition fees for the  
'20 -'21 academic year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific dollar amounts available for next academic year's tuition and related fees from:

Parents \$ \_\_\_\_\_

Expected Scholarships \$ \_\_\_\_\_

Confirmed Scholarships \$ \_\_\_\_\_

Personal income \$ \_\_\_\_\_

Other sources \$ \_\_\_\_\_

Outstanding educational loans: No \_\_\_\_\_ Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_

High school attended \_\_\_\_\_

Address \_\_\_\_\_

**FIRST** Volunteer Activities (List chronologically from present to past.). Additional pages may be added. \_\_\_\_\_

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Academic or other awards and honors received by applicant (List chronologically from present to past.). Additional pages may be added. \_\_\_\_\_

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Extracurricular activities (Include leadership positions held and list chronologically from present to past.). Additional pages may be added. \_\_\_\_\_

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Community activities and service (List chronologically from present to past.). Additional pages may be added.

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Parent, Guardian or Spouse Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Number of dependents in household \_\_\_\_\_

List each member of the immediate family currently attending college, name of college, and class year \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment (company and position held):

Father \_\_\_\_\_

Mother \_\_\_\_\_

Spouse \_\_\_\_\_

If you are selected to receive a **UFIRST** scholarship, does FIRST have permission to use and distribute at their discretion, the enclosed photograph of you, information and essay for their public relations purposes?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you answered yes to the above question please list the name and address of **your** local newspaper(s). If you are awarded a **UFIRST** scholarship, FIRST will send a press release announcing your scholarship to these publications. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return your complete application to:**

FIRST, ATTN: Lisa Breuning, 2616 N. Broad Street, Colmar, PA 18915

Questions may be directed to Lisa Breuning at [lbreuning@firstskinfoundation.org](mailto:lbreuning@firstskinfoundation.org) or 215-997-9400.

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

(Rev. July 2017)

Department of the Treasury  
Internal Revenue Service

► For use by individuals. Entities must use Form W-8BEN-E.  
► Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.  
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form if:**

**Instead, use Form:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- You are a person acting as an intermediary . . . . . W-8IMY

**Note:** If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner (see instructions)**

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

9 I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here** ►

\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

\_\_\_\_\_  
Print name of signer Capacity in which acting (if form is not signed by beneficial owner)