



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. _____

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

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

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

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 or 215-997-9400.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.