



Catherine Lamphier Scholarship Fund

The Catherine Lamphier Scholarship Fund (CLSF) has been established by the Arizona Chapter of the Lupus Foundation of America, Inc. (LFA, Arizona Chapter) for the purpose of aiding students who have been diagnosed with lupus. Scholarships are awarded in the amount of 1,000. once per year.

Scholarship Award - The purpose of the CLSF is to assist anyone affected by lupus who wishes to further their education and improve their life. A Scholarship of \$1,000 will be awarded to one student each year. The award will be made payable to the educational institution at which they are enrolled in for the purpose of tuition, fees, room and board, books, or other educational-related expenses. All applications submitted will be reviewed by the scholarship committee, under the Chapter's Board of Directors, and notification will be made to the winner only within six weeks of receipt. **Deadline for the 2010 scholarship is May 30, 2010.**

Requirements for applicants:

- Must have a GPA of 3.0 or better.
- Must provide transcripts from last semester attended.
- Must provide one letter of recommendation from a teacher, faculty member, mentor, coach, club/organizational advisor, or employer (excluding family members).
- Must be a U.S. Citizen.
- Must be an Arizona resident planning on attending a 2- or 4-year college, university, or vocational school.
- Must be a lupus patient. This needs to be supported by a letter from a Rheumatologist verifying the lupus diagnosis.
- Must include a minimum 500-word essay on "*How I Live My Life With Lupus.*"

Essay Requirements & Application Material

The essay must be a minimum of 500 words and based on the topic specified. Judging of essay will primarily be based on content and the panel will consist of at least one person with lupus.

C.L. SCHOLARSHIP FUND APPLICATION

Complete the requested information and send it to the address below. Please enclose additional pages with the application materials, if needed. All materials submitted will be reviewed by members of the LFA, Arizona Chapter board and/or community members assigned to the scholarship committee for approval, and become property of the LFA, Arizona Chapter..

Mail completed forms to: LFA, Arizona Chapter, P. O. Box 6090, Peoria, AZ 85381, or you may email to info@lupusarizona.org.

**APPLICATION
Deadline – May 30, 2010**

Last Name: _____		First Name: _____	
Street Address: _____			
City: _____	State: _____	Zip: _____	
How long have you lived in Arizona (months/years): _____			
Phone: () _____	Email: _____		
Date of Birth: _____ (mm/dd/year)			

Parent/Guardian Information			
Last Name: _____		First Name: _____	
Street Address: _____			
City: _____	State: _____	Zip: _____	
Phone: () _____	Email: _____		

High School Information

High School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Graduation: _____ GPA: _____

**Attach school transcripts or final year report card with the application materials.*

School of Higher Education Current or Planning to Attend

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Year Entered: _____ Area of Study: _____

**Attach school transcripts with the application materials.*

Please list the student's awards and/or activities below:

Awards:
Honors:
Community Activities:

Campus Activities:

Other Activities:

Primary Care Physician:

Please attach a letter from your primary care physician or rheumatologist that provides the following information:

Physician's Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Fax Number: () _____

Diagnosis of patient.

Signature of physician.

Essay

Provide an essay on the topic as specified on the instruction sheet.