



# PINK BANDANA SCHOLARSHIP APPLICATION

P.O. BOX 83282 | LINCOLN, NE 68501 | SCHOLARSHIP@PINKBANDANA.ORG

Pink Bandana is a 501(c)(3) non-profit organization which raises money and awareness about breast cancer for women under the age of 40. Since 2008, Pink Bandana has raised money through annual fundraisers, and donated \$365,000 to families battling breast cancer.

As we continue to raise more funds through annual fundraisers and donations received, we have been able to offer a college scholarship opportunity for students who have been diagnosed with breast cancer, or who have a parent or legal guardian that have been diagnosed with breast cancer within the past 5 years. The scholarship was established to recognize outstanding students and assist them in continuing their education. This scholarship is awarded yearly, payable in \$1,000 increments for a 4-year college or in \$2,000 increments for a 2-year college (not to exceed a total of \$4,000), and is contingent upon the verification of maintaining full-time enrollment.

Thank you for your interest in the Pink Bandana organization. For more information about Pink Bandana, please visit [www.pinkbandana.org](http://www.pinkbandana.org). Pink Bandana wishes you the best of luck and continued success in your academic pursuits and professional goals!

Please return all scholarship applications to the mailing or email address listed below by April 1, 2022.

Pink Bandana  
ATTN: Scholarships  
PO Box 83282  
Lincoln, NE 68501  
[scholarship@pinkbandana.org](mailto:scholarship@pinkbandana.org)

## Eligibility Requirements:

- Applicant must be a senior at a Nebraska high school.
- Applicant must be planning to enroll in a 2-year or 4-year college for the 2022-2023 academic year.
- The applicant must be a student who has been diagnosed with breast cancer, or a student who has a parent or legal guardian that have been diagnosed with breast cancer within the past 5 years.
- Please complete the following application and submit via mail or email by April 1, 2022.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

High School Currently Attending: \_\_\_\_\_

Planned College to Attend: \_\_\_\_\_ Planned Area of Study in College: \_\_\_\_\_



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List extracurricular activities, such as school and community involvement, employment, athletics, volunteer work, etc. (Please do not include resumes or school transcripts with your application):

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Which member(s) of your family has been diagnosed with breast cancer within the past 5 years? When was the Diagnosis and what Stage? \_\_\_\_\_

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Has your family member been tested for the BRCA gene? If so, what were the results? \_\_\_\_\_

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Have you or your family received any prior scholarships and/or financial assistance from fundraisers? If so, how much assistance did you and/or your family receive? \_\_\_\_\_

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