



LIFELINE DISASTER RELIEF

DeGennaro Family Scholarship

Our scholarship is open to all current college students as well as prospective enrollees residing in California. We want to hear from you about a disaster you have faced in the past, whether natural or personal. LIFELINE DISASTER RELIEF believes in giving back to those that have been impacted by disasters. We want to see how discipline, perseverance, and education play a part in your recovery story.

LIFELINE DISASTER RELIEF will be awarding up to **\$10,000** (2 Distributions of \$5,000 each Semester) based on the cost of the school and the current financial need. The recipient of the scholarship will be chosen collectively by our Board of Directors based on the requirements and your essay. The amount awarded is solely up to the discretion of our Board of Directors.

Email this application, as well the required essay and drug test to info@lifelinedisasterrelief.org to apply.

The Deadline for Submission is May 31st for the Fall Semester/Quarter.

Requirements to Apply

- Directly experienced a natural or personal disaster
- Endured some form of hardship as a result of that experience
- Resides in the State of California
- Currently holds at least a Cumulative GPA of 3.0
- Not Currently Using Drugs or Alcohol (Drug Test Required Upon Submission)

Applicants must be enrolled or scheduled to enroll in an accredited institution, community college, or trade school in the United States of America. A transcript may be required to ensure the applicant's academic status.

Essay Prompt

Please answer the following questions in an essay format and include it with the submission of your application.

- What is your "Disaster Story"?
- How have you been transformed through experiencing your disaster?
- How do you plan to use your education to continue your personal transformation?
- What are your life goals and aspirations?

Please limit your essay to 1,000 words. The essay must be your own work. Plagiarism will result in automatic disqualification.



APPLICATION FORM

FIRST NAME

LAST NAME

MAILING ADDRESS

STREET NUMBER

CITY

STATE

ZIPCODE

CONTACT DETAILS

EMAIL

PHONE

ACADEMIC INFO

SCHOOL TO ATTEND

START DATE

CURRENT CUMMULITIVE GPA

EXPECTED ANNUAL COST

DO YOU CURRENTLY ENGAGE IN THE USE OF ALCOHOL OR DRUGS?

YES

NO

Please be sure to attach drug test results with completed application and essay

HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP OPPORTUNITY?

PLEASE BE SURE TO INCLUDE YOUR TWO PERSONAL REFERENCES ON THE NEXT PAGE



APPLICATION FORM (CONTINUED)

PERSONAL REFERENCES

FIRST NAME

LAST NAME

EMAIL

PHONE

RELATION

FIRST NAME

LAST NAME

EMAIL

PHONE

RELATION

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