



## The Paula Kovarick Segalman Family Scholarship Application

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF RELATIVE WITH ALS \_\_\_\_\_

RELATION TO APPLICANT \_\_\_\_\_

**EDUCATION:** *(Name of the institution the applicant plans to attend)*

SCHOOL \_\_\_\_\_

ADRESSS \_\_\_\_\_

ANTICIPATED MAJOR \_\_\_\_\_ EXP. GRADUATION DATE \_\_\_ / \_\_\_ / \_\_\_

**PLEASE ATTACH:**

- A 500-Word essay describing how ALS has affected your life
- Two (2) letters of recommendation *(one academic & one personal)*
- Official high school transcript
- Proof of family member's diagnosis of ALS
  
- Documentation of full-time status by educational institution *(i.e. acceptance letter)*
- Copy of Driver's License or state issued I.D.
- Proof of household income (ex. W-2, FAFSA)

By signing, I certify the information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE RETURN APPLICATION TO:**

The ALS Association

30 W. Gude Drive- Suite 150  
Rockville, MD 20850

*Applications are due by May 1st*