

Moebius Syndrome Foundation

Scholarship Application

Applicants must have a diagnosis of Moebius syndrome, be a U.S. citizen, and be a current or future undergraduate college/university/vocational education student.

[Return Completed applications to ksmant@gmail.com](mailto:ksmant@gmail.com)

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Postsecondary Institution at which you are enrolled or have been accepted:

Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____

Career Intentions: _____

List honors/distinctions you have received: _____

Volunteer/community

activities: _____

Hobbies/Interests: _____

Employment (list all jobs you've had in the last 3 years & number of hours worked per week):

Estimate education costs for the next academic year:

Tuition/Fees: _____ Room & Board: _____ Books/Supplies: _____

Submit this form with:

*A one page essay on why you should receive this scholarship.

*2 letters of reference from teachers, employers, etc.

*A transcript from your high school or college/university/post secondary institution.

I attest that all information submitted is true and accurate. I understand that if I am granted a scholarship I will permit my name and photograph to be used for publicity to further the mission of the Moebius Syndrome Foundation. I understand that this scholarship is competitive and there is no guarantee that I will receive an award.

Signature: _____

Guardian (If under 18 years of age): _____

Date: _____

Applications must be received by April 30, 2019.

Only complete applications will be considered.