



# John D. Wagner and Elisabeth R. Wagner Scholarship

Texas Neurofibromatosis Foundation®

## Application

*The purpose of this application is to acquaint the scholarship committee with the needs of the applicant.*

*Only persons diagnosed with NF1 or NF2 are eligible for this scholarship.*

**Applicant's Name:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Please provide a brief description of how NF has affected you (i.e. physically, mentally):**

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**High School:** \_\_\_\_\_

**Completion date (month/year) of high school/GED:** \_\_\_\_\_

**College you will attend or have been attending:** \_\_\_\_\_

**Classification (i.e. first year freshman):** \_\_\_\_\_

**School and Community Activities (high school or college):** \_\_\_\_\_

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**Please list all members of your household including yourself:**

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Household Yearly Income:** \_\_\_\_\_

**Briefly explain what this award means to you and how you intend to use it (Please use separate piece of paper if needed.)**

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- Required Additional Information to have a complete application:***
- 1. A copy of your high school transcript and college transcript**
  - 2. A recent photograph of applicant**

I certify that this information is true, complete, and accurate. I authorize release of information to confirm and/or verify this application. I further authorize release of my name in connection with announcements of scholarship awards in the event that I am selected to be a John D. Wagner & Elisabeth R. Wagner scholar.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Send application by July 9, 2018 to:***                      ***Texas Neurofibromatosis Foundation®***  
***John D. Wagner & Elisabeth R. Wagner Scholarship***  
***320 Decker Drive, Suite 100***  
***Dallas, Texas 75062***  
***Or email to [Chahn@texasnf.org](mailto:Chahn@texasnf.org) or fax to 972-739-6087***

For more information, contact the office at 972-868-7943.