



Foundation for  
Ichthyosis & Related  
Skin Types

## *UFIRST* 2024 Education Scholarship Application

**\*Please read and reread this application carefully.** Only those applications, which include **all** of the information requested, will be considered. The names of successful applicants will be announced in an issue of the *Ichthyosis Focus* and on *FIRST's website*. Recipients will also receive letters of acknowledgment in early May. Funding will be sent directly to the designated institution. Only individuals affected by ichthyosis or a related skin type may apply. Late or incomplete applications will be disqualified. Faxes are acceptable. Please include a copy of this checklist with your application.

**\*The following must be included with this application form** (application and materials must be submitted in English and completed by the **student**):

- Completed application form.  
A typed 500-word essay focusing on the following topic: *Write about a person that you had one impression of when you first met him or her and about how your impression changed once you got to know the person?*
- Transcripts from schools currently attending.
- Letters from **three** character references, one of which must come from an instructor who influenced the applicant's plans for the future. Letters written by relatives are not acceptable. Each character reference must be signed by the author and from the current year.
- Attach pages 1 and 2 of parents' Federal Income Tax return for the current year only if the applicant is a dependent. Attach pages 1 and 2 of applicant's Federal Income Tax return for the current year, if filed. In the event that a non-custodial parent is providing any level of support for the applicant, similar income tax information for that parent must also be included. If the 2023 tax returns are not available, we will accept tax returns from 2022.
- A letter documenting the diagnosis of ichthyosis or a related skin type written by a physician or geneticist.
- A current photograph.
- If you are currently attending a post-secondary institution, a letter of current standing must accompany your application. This letter should state the applicant's current enrollment in a specific department and school and be certified by the school's Registrar's office.

**\*DEADLINE** - This application form along with any requested information ***must be postmarked no later than April 1, 2024.*** Late or incomplete applications will not be accepted.





Foundation for Ichthyosis & Related Skin Types

# UFIRST Education Scholarship Program 2024 Application

Applicant's Name: \_\_\_\_\_ Type of Ichthyosis: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Current or intended major: \_\_\_\_\_

Class level as of September 2023 (i.e. 1st semester senior): \_\_\_\_\_

Goals and aspirations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant employment status: Part-time \_\_\_\_\_ Full-time \_\_\_\_\_ Not employed \_\_\_\_\_

Current employer name and address: \_\_\_\_\_

\_\_\_\_\_

Composite Grade Point Average \_\_\_\_\_

ACT Score \_\_\_\_\_

SAT Score \_\_\_\_\_

Name of Institution(s)  
where you have been accepted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tuition fees for the  
'24 -'25 academic year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific dollar amounts available for next academic year's tuition and related fees from:

Parents \$ \_\_\_\_\_

Expected Scholarships \$ \_\_\_\_\_

Confirmed Scholarships \$ \_\_\_\_\_

Personal income \$ \_\_\_\_\_

Other sources \$ \_\_\_\_\_

Outstanding educational loans: No \_\_\_\_\_ Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_

High school attended \_\_\_\_\_

Address \_\_\_\_\_

FIRST Volunteer Activities (*List chronologically from present to past.*) Additional pages may be added.

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Academic or other awards and honors received by applicant (*List chronologically from present to past.*) Additional pages may be added. \_\_\_\_\_

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Extracurricular activities (*Include leadership positions held and list chronologically from present to past.*) Additional pages may be added. \_\_\_\_\_

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Community activities and service (*List chronologically from present to past.*) Additional pages may be added.

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Parent, Guardian or Spouse Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Number of dependents in household \_\_\_\_\_

List each member of the immediate family currently attending college, name of college, and class year

\_\_\_\_\_  
\_\_\_\_\_

Employment (company and position held):

Father \_\_\_\_\_

Mother \_\_\_\_\_

Spouse \_\_\_\_\_

If you are selected to receive a ***UFIRST*** scholarship, does FIRST have permission to use and distribute at their discretion, the enclosed photograph of you, information and essay for their public relations purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you answered yes to the above question please list the name and address of **your** local newspaper(s). If you are awarded a ***UFIRST*** scholarship, FIRST will send a press release announcing your scholarship to these publications. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student can please return your complete application to:**

Lisa Breuning at [lbreuning@firstskinfoundation.org](mailto:lbreuning@firstskinfoundation.org)

FIRST, ATTN: Lisa Breuning, PO Box 1067, Lansdale, PA 19446-0687 / fax 215-997-9403