



12. What special recognition have you received for outstanding work such as honors, prizes or scholarships?(use additional sheets if necessary)\_\_\_\_\_

\_\_\_\_\_

13. Specify school activities, school offices, band, athletics, clubs, school publications, civic organizations, volunteer work, etc, including what the activity is, position held, hours spent, and the year(s)of participation.  
( attach as separate sheet(s) ).

14. What have been your favorite recreational activities and hobbies?\_\_\_\_\_

\_\_\_\_\_

15. How do you intend to pay for college? (Check all that apply)

\_\_\_\_\_Parents \_\_\_\_\_Self \_\_\_\_\_Loan \_\_\_\_\_Scholarships

16. Please state, in essay form, how living with or around a chronic disorder has impacted your life. *(please attach additional sheets to this application)*

17. Please state your goals and aspirations in life. *(please attach additional sheets to this application)*

18. What is your passion? *(please attach additional sheets to this application)*

### CERTIFICATION

I have personally signed this Lawrence Madeiros Scholarship application. I certify that all statements contained in the foregoing application are true and correct, and that I believe myself to be eligible to apply for this scholarship. In consideration of my acceptance of this scholarship, should I be selected as an award winner, I agree to all the conditions set forth, and further agree to grant all permission to the Lawrence Madeiros Memorial Scholarship Program, Positudes, Inc. and the Adirondack Spintacular, to any and all the foregoing, to use any photographs, quotes contained herein, and statements for use in media, newsletters and advertising for any purpose of announcing the scholarship and its recipients.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Print \_\_\_\_\_

**The Lawrence Madeiros Scholarship**  
**Attention: Scholarship Panel**  
**P O Box 11**  
**Mayfield, NY 12117**

CHARACTER RECOMMENDATION  
( teacher, guidance counselor, sponsor )

**Application for the**  
**Lawrence Madeiros Scholarship**

Note to applicant: Please fill out the first four lines of this form and give it to a teacher or personal reference (not a relative) that can answer the following questions.

1. Name of Applicant \_\_\_\_\_
2. Address of Applicant \_\_\_\_\_
3. College Applicant Plans on Attending \_\_\_\_\_
4. Planned Major Course of Study \_\_\_\_\_

.....  
What is your relationship to the above applicant? (Relatives by blood or marriage may not be included in this recommendation) \_\_\_\_\_

How long have you been acquainted with this applicant? \_\_\_\_\_

Considering your knowledge of this applicant, do you think he/she will succeed in the school and major course of study selected? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are this applicant's most significant talents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this applicant have significant limitations that he/she has overcome to pursue and succeed in these talents? \_\_\_\_\_

Name of Reference \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
(City, State, Zip)

Phone \_\_\_\_\_ Date \_\_\_\_\_

Please attach this reference sheet to the scholarship application and submit all materials to scholarship office by **June 1, 2010**.

**Lawrence Madeiros Memorial Scholarship**

**Application for Annual Scholarship**

**PLEASE READ CAREFULLY:**

The scholarship(s) granted under this fund are determined by a committee. All decisions made by the committee are final. You will be notified if you are awarded a scholarship via U.S. mail. Information submitted with this application becomes the property of the Lawrence Madeiros Memorial Scholarship Committee.

- All information contained in this application will be utilized in determining the scholarship award(s). Incomplete applications will not be eligible.
- A personal interview may be required at the discretion of the committee.
- Applications will be completed in full, and submitted to the scholarship committee's attention postmarked no later than **June 1, 2010**.

**Application Criteria  
For  
Lawrence Madeiros Memorial Scholarship**

**Eligibility Requirements:**

1. Applicants must be diagnosed with a bleeding disorder or other chronic disorder.
2. Applicants **MUST** be Graduating from High School in the year of the Scholarship Award.
3. Applicants must have applied to, been accepted at, an accredited college or university.

**Important Steps to follow when completing your application:**

- Make sure you meet all eligibility requirements.
- Make sure you have completely filled out all sections of the application, attaching additional sheets as appropriate and/or necessary.
- Sign and Date your application.
- Confirm your bleeding disorder or chronic disorder. ( this can be accomplished either by having your health care professional fill out the form attached to your application or by providing a signed letter from your healthcare provider on his/her letterhead.)
- Include your high school transcript. (Does not need to be a certified copy.)
- Include a copy of your SAT scores with your transcript.
- Include your completed Character Recommendation and /or letters of Recommendation.
- Include a recent photo of yourself (A wallet sized senior photo is ideal).
- Affix appropriate postage and return, postmarked no later than **June 1, 2010**.

**The Lawrence Madeiros Scholarship  
P O Box 11, Mayfield, NY 12117  
Physician Verification Form**

*This student is applying for the Lawrence Madeiros Scholarship. Criteria for this award is contingent on the student living with a chronic disease or disorder. Please verify that this student indeed meets this important criteria for qualifying. Thank you in advance for your time!*

Today's Date: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

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Student's Name: \_\_\_\_\_ Sex: M F (circle one) Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ District: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Directions:** Please answer the following questions about the student's medical history. Explain all "yes" responses at the bottom of the page. Please respond to all questions. Must be returned to scholarship offices by **JUNE 1, 2010**.

1. Does this patient currently have;

a. A chronic or ongoing illness (such as diabetes, or asthma, etc.)?

Degree of severity -  Severe  Moderate  Mild

Please explain-

b. Hemophilia or other blood disorder?

Degree of severity -  Severe  Moderate  Mild

Please explain-

c. Other health complications or illnesses?

Degree of severity -  Severe  Moderate  Mild

Please explain-

2. How long has this student been under your care for this chronic disorder? \_\_\_\_\_

**Physician's/Provider's Stamp:**

**EXAMINED BY:**

Family Physician/Provider \_\_\_\_\_

\_\_\_\_ MD \_\_\_\_ DO \_\_\_\_ NP \_\_\_\_ PA

**Must have both signature AND provider stamp please**

Physician's/Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # \_\_\_\_\_

Office \_\_\_\_\_

Address \_\_\_\_\_