



2018 Request for Scholarship

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Referred by: _____

Please tell us why you would like to be considered for a scholarship to the Day of Caring:

ATTENTION: APPLICANT MUST BE A BREAST CANCER SURVIVOR

First Time Applicant:

Yes

No

Year attended: _____

Please email the completed form to: dayofcaringmiami@yahoo.com

or mail completed form by March 1st to:

Vivien Knight
Attn: Day of Caring South Florida
6619 South Dixie Highway
218
Miami, FL 33143