



## 2019 Day of Caring Event - 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:**

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**ATTENTION: APPLICANT MUST BE A BREAST CANCER SURVIVOR**

First Time Applicant:

Yes

No

Year attended: \_\_\_\_\_

Please email the completed form to: [dayofcaringSFL@gmail.com](mailto:dayofcaringSFL@gmail.com)

or mail completed form by March 1<sup>st</sup> to:

Lillian Villamizar  
Attn: Day of Caring South Florida  
6619 South Dixie Highway  
# 218  
Miami, FL 33143