



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

and have completed High School.

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):

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): _____

Please list all members of your household including yourself:

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

Household Yearly Income: _____

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

- 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 12, 2024 to: Texas Neurofibromatosis Foundation®

John D. Wagner & Elisabeth R. Wagner Scholarship
511 E. John Carpenter FWY., Suite 500
Irving, Texas 75062

Or email to Chahn@texasnf.org