



# MS Looks Like Me

## Children of MS Warriors Scholarship Application

Complete all applicable fields. This form may be typed electronically or printed and completed by hand.

### APPLICANT INFORMATION

First Name

Middle Initial

Last Name

Date of Birth (MM/DD/YYYY)

Phone Number

Email Address

Mailing Address

City

State

ZIP Code

### CURRENT EDUCATIONAL STATUS

☐ High School Senior

☐ Current College Student

Current School Name

School Mailing Address

City

State

ZIP Code

Current GPA

Expected Graduation Date

Student ID (optional)

College Attending or Planning to Attend

Major or Intended Major

Degree/Program



## MS Looks Like Me

### Parent/Guardian and Student Involvement

#### PARENT OR LEGAL GUARDIAN WITH MULTIPLE SCLEROSIS

Parent/Guardian First Name

Parent/Guardian Last Name

Relationship to Applicant

Date of MS Diagnosis (MM/DD/YYYY)

Type of Multiple Sclerosis

☐ Relapsing-Remitting MS (RRMS)

☐ Primary Progressive MS (PPMS)

☐ Secondary Progressive MS (SPMS)

☐ Progressive / Other

☐ Unsure

#### ACTIVITIES, LEADERSHIP, AND COMMUNITY INVOLVEMENT

List school activities, athletics, clubs, volunteer work, church/community involvement, or leadership roles.

| Activity / Organization | Years Participated   | Leadership Role      | Hours per Month      |
|-------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

#### EMPLOYMENT HISTORY (IF APPLICABLE)

| Employer             | Position             | Dates Employed       | Hours per Week       |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



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## Honors, Essay Requirement, and Checklist

### HONORS, AWARDS, CERTIFICATIONS, AND RECOGNITIONS

List academic honors, scholarships, awards, certifications, or special recognitions.

1.

2.

3.

4.

5.

### ESSAY REQUIREMENT

Submit a minimum two-page typed essay using 12-point font and double spacing.  
The essay must explain how your parent or legal guardian's MS diagnosis has affected you as the child of an MS Warrior.  
Your essay must address at least three (3) of the following five topics:

- 1. Your experience growing up with a parent living with MS.
- 2. Challenges your family has faced because of the diagnosis.
- 3. How the diagnosis has affected you emotionally, academically, or personally.
- 4. Lessons you have learned from your parent as an MS Warrior.
- 5. How this experience has influenced your educational and career goals.

Optional essay title

### REQUIRED DOCUMENTS CHECKLIST

- ☐ Completed scholarship application
- ☐ Two-page essay
- ☐ Most recent transcript
- ☐ College acceptance or enrollment verification
- ☐ One letter of recommendation
- ☐ Physician Verification Form



## MS Looks Like Me

### Applicant Certification and Signatures

#### APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that incomplete or inaccurate information may result in disqualification. I authorize MS Looks Like Me to review the materials submitted with this application for scholarship-selection purposes.

Applicant Full Name (typed or printed)

Applicant Signature

Date

#### PARENT/GUARDIAN CERTIFICATION - REQUIRED IF APPLICANT IS UNDER 18

I certify that the information submitted by the applicant is accurate to the best of my knowledge.

Parent/Guardian Full Name (typed or printed)

Parent/Guardian Signature

Date

#### SUBMISSION NOTES

- Save a copy of the completed application for your records.
- Attach all required documents listed on Page 3.
- Submit the physician verification form separately with the application packet.
- Applications missing required materials may not be considered.