



Surviving NICU, Inc. Scholarship Application

Must be submitted no later than June 30th

Return completed form to:

Surviving NICU Inc. aka The Jordan Aman Foundation

8 John Walsh Blvd, 305A

Peekskill, NY 10566

Phone (888)600-NICU ~ Fax (914)788-9230 ~ www.survivingnicu.org ~ Email: info@survivingnicu.org

Surviving NICU, Inc. awards scholarships in the amount of \$250

(Scholarships are available as funds are available and as a one-time offer payable to the College)

Name (Last, First M.I.): _____

Address: _____

Date of Birth: _____

College Entrance Date: _____

Plan to Attend: 4 year 2 year Vocational/Tech School Other

Name of Institution: _____

Intended Major/Minor: _____

MUST INCLUDE:

- . Proof of when you were a NICU patient. Proof can be (but is not limited to): a letter from the hospital, copy of a hospital bill, a doctor's note or copy of patient wristband
- . Copy of acceptance letter from the institution you plan to attend.
- . Submission by June 30th

Student's Signature _____

Parent's Signature _____