



Jane Torres Scholarship Application

The Florida Breast Cancer Foundation (FBCF), strongly believes that to achieve our goal, we must have advocates who are trained and educated in the science of breast cancer, current breast cancer research data, and who know how to practice effective advocacy strategies. To assist individuals interested in obtaining education and training in breast cancer research and advocacy, the Jane Torres Scholarship Fund was established. Jane, the founder of FBCF, was a critical and driving force behind the increase in funding for breast cancer research on both the National and State levels. Jane believed that with the appropriate funding and quality cutting edge research, we *can* end the breast cancer epidemic.

Scholarship recipients **MUST** agree to serve on a Florida Breast Cancer Foundation Committee and meet the prerequisites for the program/conference for which they are applying. The total amount of scholarship funds awarded to an applicant (maximum of \$1500) will depend on the number of qualified applicants, funds available for the given year, and the total expense associated with the specific program. For grants in excess of \$1,000, up to \$1,000 will be advanced and the balance up to the grant total will be reimbursed after all receipts have been received. *It is FBCF's policy to provide only partial scholarships; therefore, it is necessary for applicants to secure additional funding from other resources. Please be sure to answer Question 4 which asks what other sources of funding you will be soliciting.*

Upon receipt of the application, each applicant will be interviewed by the Advocacy Committee Chair or the staff of FBCF.

Please email applications to Carol@FloridaBreastCancer.org or mail to:

Florida Breast Cancer Foundation
Advocacy Committee
11900 Biscayne Boulevard Suite 288
North Miami, FL 33181

All applications will be reviewed by the Florida Breast Cancer Foundation Advocacy Committee and Staff, which will make recommendations to the Florida Breast Cancer Foundation Board of Directors. We encourage all interested individuals to apply for scholarships. If you have any questions, please feel free to call 305.631.2134.



Scholarship Application Form

Please Print Clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email Address: _____

What is the best way to notify you of your scholarship application status? Mail ___ Phone ___ Email ___

Conference Attending: _____

Dates of Conference: _____

Location of Conference: _____

Please check all that apply

1. Previous scholarship recipient: ___ Organization: _____ Year(s): _____

2. NBCC Project LEAD Graduate (Yes or No): _____ Month & Year: _____

3. Previous Advocacy Training Conferences Attended by Years: _____

4. Have you applied or received any additional funding for the requested conference (Please list all with amounts):

5. Breast Cancer Survivor: _____ Year of Diagnosis: _____ Year of Recurrence: _____

Breast Cancer Caregiver: _____ Navigator, other healthcare provider: _____

Required: Essay Questions (A separate sheet of paper should be used, limited to one type written page)

- Please explain your involvement in breast cancer advocacy.
- Why do you think you would be more effective as a breast cancer advocate with this training?
- How do you plan to use the knowledge you gain through this scholarship to further the mission of FBCF and the Advocacy Committee in your local area?



Name of Your Congressional Representative: _____

Congressional District Number: _____

Please list the names and telephone numbers of two references who are familiar with your breast cancer advocacy involvement.

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

All scholarship recipients will be required to submit receipts and/or documentation to substantiate all expenses and a 500-word summary of their experience at the conference with photos. If expenses do not meet the awarded amount, a reimbursement check for the balance will be expected along with the required documentation within 30 days after the event. If receipts are not received, FBCF will request a full refund of the award amount and no further applications will be considered until they are received, and/or the monies are returned to the foundation.

A successful scholarship applicant makes a commitment to serve on a Florida Breast Cancer Foundation Committee, becomes a key participant in the Florida Breast Cancer Foundation Action Alert Network, contributes articles to the Florida Breast Cancer Foundation Newsletter regarding the programs at any of the Advocacy Training Conferences attended, attends Lobby Days for any legislative and policy matters affecting breast cancer patients, and personally contacts their congressional or state legislators when an ALERT goes out on these matters. As an Advocacy Committee member representing the FBCF, you will support only those priorities that have been approved by the Board and no others. **Personal agendas are not permitted.**

Failure to comply with any of these requirements may result in the request for return of funds, at the Florida Breast Cancer Foundation's discretion.

PLEASE NOTE: All Jane Torres Scholarship Recipients MUST be present and participate for the entire event for which they are asking for funding.

Please list your expected conference expenses for which you are applying for a scholarship. List **ONLY** those for which you are requesting reimbursement.

Hotel: \$ _____ Total Nights: _____

Travel: \$ _____ Registration Fee: \$ _____

Travel From: _____ Travel To: _____

Total \$ _____

(Number of FBCF scholarships will be awarded depending upon the number of applicants and the funds available. It is FBCF's policy to provide only partial scholarships; therefore, it may be necessary for applicants to secure additional funding from other resources. Please be sure to answer Question 4 which asks what other sources of funding you will be soliciting.)