



SCWB Warrior Scholarship Application

Empowering Education for Our Community

Eligibility Requirements

Applicants must meet **one or more** of the following criteria:

- High school senior, college student, or adult learner **living with Sickle Cell Disease (SCD)**.
- Immediate family member or caregiver of an individual with SCD.
- Must reside in **Western New York**.
- Must agree to complete one of SCWB's educational sessions.

Scholarship Details

- **Award Amount:** \$500–\$1,000 per recipient.
- **Use of Funds:** Tuition, books, supplies, or educational fees.

Application Checklist

Please submit the following:

1. **Completed Application Form** (see below).
2. **Proof of Residency** (e.g., utility bill, state ID).
3. **Proof of Enrollment** (acceptance letter or current transcript).
4. **Personal Statement** (500 words):
 - Describe your educational goals.
 - Share how Sickle Cell Disease has impacted your life or your family.
 - Explain how this scholarship will help you achieve your goals.
5. **One Letter of Recommendation** (teacher, counselor, employer, or community leader).

Application Form

Full Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Are you living with Sickle Cell Disease? Yes / No

Are you an immediate family member or caregiver of someone with SCD? Yes / No

Current School or Program: _____

Expected Graduation Date: _____

Scholarship Amount Requested: \$500 / \$1,000

Personal statement (Up to 500 words):

Submission Instructions

- **Deadline:** [June 5, 2026]
- Submit completed application and required documents to:
✉ **Email:** Scwbuffalo@gmail.com]
✉ **Mail:** [PO box 152 Buffalo Ny 14215]