



The Love is Magic Foundation is a non-profit 501(c)3 organization whose primary mission is to assist families of children living with a life threatening illness. When a child is stricken with a life threatening illness, the entire family is impacted. In 2019, the foundation established the Maura O'Brien Sibling Scholarship. This is a one-time award of \$1,500 which will be given to two recipients. The Maura O'Brien Sibling Scholarship is awarded to a deserving graduate who demonstrates strong character, perseverance and willingness to advocate for people who may not be able to advocate for themselves.

Eligibility Requirements

The applicant must have grown up with a sibling who experienced a life threatening illness. They must be able to demonstrate that they are a graduating senior of an accredited public, private, parochial, vocational or charter high school/program. They must be accepted to an accredited institution of higher education or vocational training program. The student applicant must answer the essay question.

Application Process

The application can be found online at loveismagic.org.

Required:

- Parent/Guardian Information
- Answer to the essay question on separate, typed sheet of paper
- Official High School transcripts
- List of extracurricular activities
- Reference Letter - One letter of reference from a non-family member (i.e. teacher, guidance counselor, religious)

Essay Question:

Growing up with a brother/sister with a life-threatening illness is challenging. How has this situation impacted your day-to-day life and activities? What (life) lessons have you discovered as a sibling? Do you have a message you would like to share based on your experience?

Extracurricular Activities:

On a separate page, please list extracurricular activities, clubs or organizations that the applicant is involved in.

**Mail the completed application on or before April 15, 2019 to:
Love is Magic Foundation, P.O. Box 4978, Peabody MA 01961**

Application for Love is Magic Sibling Scholarship

Applicant Information:

Full Name: _____

Date of Graduation: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Cell Phone: _____

E-mail Address: _____

Colleges/Universities accepted to:

I certify that I have a sibling with a life threatening illness.

Signature

Date

Parent/Guardian Information:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Cell Phone: _____

E-mail Address: _____

I certify that we are the parent/guardian of a child with a life threatening illness.

Parent/guardian Signature

Date

*****Note*****

**Incomplete applications will not be considered
No applications will be considered after the due date**