



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. 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**

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. They must be accepted to an accredited institution of higher education or vocational training program. Student applicant must answer each essay question.

### **Application Process**

The Application can be found on line at [loveismagic.org](http://loveismagic.org).

Required:

- Applicant Information
- Parent/Guardian Information
- Answer application questions and essay on separate sheets, preferably typed.
- Official transcripts from High School

\*\*\***Note**\*\*\*

- Incomplete applications will not be considered.
- No applications will be considered after the due date.

# **Application for Love is Magic Sibling Scholarship**

Mail the completed application on or before April 15, 2020 to: Love is Magic Foundation, P.O. Box 4178, Peabody MA 01961

## **Applicant Information:**

Full Name: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Colleges/ University 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 parents of a child with a life threatening illness.**

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

**On separate page list curricular activities, clubs  
or organizations applicant supports**

**Answer each essay question:**

- 1. What challenges impact your daily activity as a sibling of a brother/sister with a life threatening illness?**
- 2. What life lessons have you discovered as a sibling or a brother/sister with a life threatening illness?**
- 3. What message would you like to share based on your life experience?**