

**LGMD Awareness Merit Based Scholarship Application**

<b>Basic Information</b>			
First Name:		Middle Name:	
Last Name:		Previous Name:	
Date of Birth: (MM/DD/YYYY)		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<p><b>List of individuals interviewed</b> (25 interviews are required, maximum points are awarded for interviewing 100 people)</p> <p>Names and contact information will not be shared with any third parties and email addresses/phone numbers will not be added to any lists. <b>Contact information will only be used to confirm that scholarship finalists spoke with the individuals on their lists.</b> If you are not a scholarship finalist, no one on your list will be contacted.</p>			
	<b>First and last name</b>	<b>How you spread disease awareness:</b>	<b>Email address/phone number</b>
<b>1</b>		<input type="checkbox"/> Talking in person <input type="checkbox"/> Talking by phone <input type="checkbox"/> Instant messages/texts	
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