Gram's Promise Charitable Foundation, Inc.



Elizabeth Ann "Libby" Frist Memorial Scholarship 2024 Scholarship Application

Gram's Promise Charitable Foundation was founded in memory of Elizabeth "Libby" Frist. A longtime member of the White Marsh community, Libby passed away August 8, 2005 after a long battle with lung cancer. While battling her illness, it was Libby's desire to speak with young adults regarding her experience, and to stress the importance of a living a tobacco-free lifestyle. Gram's Promise is active in your community, encouraging tobacco free lifestyles primarily among children, by promoting awareness, responsibility, and the value of life through education, community involvement, and strategic partnership. More information regarding Gram's Promise can be found at our website: www.gramspromisefoundation.org

The purpose of the Elizabeth Ann "Libby" Frist Memorial Scholarship is to recognize selected high school seniors for their activism and leadership among their peers in the fight against tobacco use. Maryland High School Seniors who are tobacco-free and have demonstrated a commitment to anti-smoking advocacy are encouraged to apply.

Section 1: Applicant Information

Name:			
Last		First	MI
Address:			
City:	State:	Zip:	
Telephone:	e-mail:		
High School:	GPA:	Graduation Date:	
College or University you plan to attend: _			
Section 2: Extracurricular Activities			

Section 2: Extracurricula	r Activities (cont.)		
Section 3: Honors or Aw	ards		
	<u>t</u> be prepared for	nce each question. Your written response f Only specific responses will be considered	
		d anti-tobacco related activities that you he describe in an attachment to the applicati	
		pacco prevention work and anti-tobacco re re in an attachment to the application)	lated
Section 5: Letter of Recor	nmendation		
advisor. The purpose for the	nis recommendation fy why the applica	nmendation from a teacher, guidance counnism not only to attest to the information in the interest as a strong candidate to receive the Eliz	cluded in
Section 6: Certification			
I certify that I am tobacco-	free and that the co	ntent of this application is true and accura	te.
Student Signature	Date	Parent or Guardian Signature	Date
Your School's Scholarship	Coordinator's Nan	ne and Phone #:	

Upon completion, please return your application and supporting attachments via mail to: Gram's Promise Charitable Foundation, PO Box 58, Kingsville, MD 21087. All applications must be received by Friday, April 26, 2024. All submissions will be evaluated by the Board of Directors, Gram's Promise Charitable Foundation. If selected, each of the 2024 recipients will receive \$250 or more. We hope to award at least one outstanding candidate a \$500 college scholarship and a possible invitation to represent the foundation at a future community event.