



Sanofi Genzyme TORCH Awards

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 16, 2021

FOR
SCHOLARSHIP
AMERICA
USE ONLY

I.D. #

NOMINATOR INFORMATION

Nominator First Name _____ Last _____ Middle Initial _____
 Permanent Home _____
 Mailing Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____
 Email Address (Required for notification) _____

NOMINEE(S) INFORMATION

Nominee #1 First Name _____ Last _____
 Daytime Phone (_____) _____ Email Address _____
 What is your relationship to the nominee? _____
 Nominee's Age _____ Disease Name _____ Org.Name _____

Nominee #2 First Name _____ Last _____
 Daytime Phone (_____) _____ Email Address _____
 What is your relationship to the nominee? _____
 Nominee's Age _____ Disease Name _____ Org.Name _____

Nominee #3 First Name _____ Last _____
 Daytime Phone (_____) _____ Email Address _____
 What is your relationship to the nominee? _____
 Nominee's Age _____ Disease Name _____ Org.Name _____

Nominee #4 First Name _____ Last _____
 Daytime Phone (_____) _____ Email Address _____
 What is your relationship to the nominee? _____
 Nominee's Age _____ Disease Name _____ Org.Name _____

Nominee #5 First Name _____ Last _____
 Daytime Phone (_____) _____ Email Address _____
 What is your relationship to the nominee? _____
 Nominee's Age _____ Disease Name _____ Org.Name _____

**APPLICATION
CHECKLIST**

The nominator is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Completed Nominator Form
- Essay for each Nominee

All materials must be addressed to:
Sanofi Genzyme TORCH Awards
Scholarship America
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline April 16, 2021

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify that all information provided is complete and accurate to the best of my knowledge.
Falsification of information may result in termination of any award granted.*

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____