



# Trevor Erlichman Memorial Scholarship Application



Apply Online

The Pull-thru Network Trevor Erlichman Memorial Scholarship recognizes students living with congenital anorectal, colorectal, and/or urogenital malformations as they pursue their higher education goals. Applicants must have been accepted to, are currently attending, or will be attending an accredited, nonprofit, two- or four-year college, university, or an advanced (post-high school) vocational or technical school as a student in the 2026-27 school year. Applicants must have a congenital anorectal, colorectal, and/or urogenital malformation. Questions? Leave a message for Lori Parker at (309)262-0786 or [Lori@pullthrunetwork.org](mailto:Lori@pullthrunetwork.org).

**Applicant's Full Name:** \_\_\_\_\_  
Full legal name of the applicant (the name under which you are or will be registered at the postsecondary school).

**Applicant's Email Address:** \_\_\_\_\_

**Primary PTN Member's Full Name:** \_\_\_\_\_  
This should be the primary contact person for the family's PTN membership (ages 18+). Usually this is a parent or grandparent, but it could be the applicant.

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Primary PTN Member's Email:** \_\_\_\_\_  
This is typically the parent or grandparent's email address but may be the applicants.

**Phone number where we may contact you:** (       ) \_\_\_\_\_

**Applicant's Date of Birth (month, date, and year):** \_\_\_\_\_

**Have you and/or your family been a member of PTN since at least June 2025?**     Yes     No

**Approximately how long have you and/or your family been a member of PTN?** \_\_\_\_\_

### Verification of Qualifying Condition

Please indicate which congenital anorectal, colorectal, and/or urogenital malformation you have. Note: This information WILL NOT be shared with anyone. We only ask to verify that the applicant is eligible for the scholarship. We do not require verification by a doctor with this application.

- Yes     No    Have you had your anorectal, colorectal, &/or urogenital malformation since birth?
- Yes     No    Do you have an anal/rectal condition?
- Yes     No    Do you have Hirschsprung disease?
- Yes     No    Do you have other G.I. issues?
- Yes     No    Do you have skeletal issues?
- Yes     No    Do you have urogenital issues?
- Yes     No    Do you have other related conditions?

*Please select other related conditions that apply:*

- No other related conditions       VATER/VACTERL Association       Caudal Regression Syndrome/Sacral Agnesis
- Currarino Triad                               Down Syndrome
- Cats-eye Syndrome                               Other: \_\_\_\_\_

## Information about Your School

To receive this scholarship, you must attend an accredited postsecondary educational institution and/or program. If you are unsure if your current or intended school qualifies, please visit this website: <https://ope.ed.gov/dapip/#/home> (you may have to copy/paste the link into another browser window).

**In the upcoming school year, I will be attending...**  a two- or four-year college or university  
 an advanced (post-high school) vocational or technical school

**Please list the school you will attend during the scholarship period. If you are uncertain at this time, please list schools to which you have been accepted** (optional with this application, required upon selection).

## Brief Essay

Please attach an essay describing what impact your condition has had on your life. Describe if and how it has influenced your postsecondary educational path. If applicable, you may also choose to describe how participation in Pull-thru Network by you and/or your family has made a difference in your life. Suggested length is 250-500 words.

## Assurances and Submission

*I understand that, if selected to receive this scholarship, I must provide proof of acceptance to and enrollment in an accredited, non-profit postsecondary educational institution or program. To see if your school qualifies, you may check at this website: <https://ope.ed.gov/dapip/#/home> (you may have to copy and paste the link into another browser window).*

I agree to provide this information when requested (initial). \_\_\_\_\_

*I understand that, if selected to receive this scholarship, funds will be paid by Pull- thru Network directly to my postsecondary educational institution or program.*

I understand funds will be paid directly to my school (initial). \_\_\_\_\_


## Signature and Date:

Signature

Date

Applications for the 2026-27 school year are due no later than June 30, 2026.

Submit via one of the following ways:

<b>Postal Mail</b>	Pull-thru Network, Trevor Erlichman Memorial Scholarship Application P.O. Box 797 Normal, IL 61761
<b>Email</b>	<a href="mailto:Lori@pullthrunetwork.org">Lori@pullthrunetwork.org</a> (please put "Scholarship Application" in subject line)
<b>Online</b>	 <a href="https://forms.gle/NmTrVCdBt4zmqakj9">https://forms.gle/NmTrVCdBt4zmqakj9</a>