



Application for the 2017 LIFE Scholarship Foundation, Inc. Program

Applications will be accepted beginning February 1,

2017. **The deadline to apply for the program is June 30, 2017.**

Applications postmarked after this date will not be considered.

NO EXCEPTIONS.

Purpose:

The purpose of LIFE Scholarship Foundation, Inc. is to create higher education opportunities for cancer patients and/or survivors and their families by providing financial support to attend accredited colleges and universities within the United States of America. Under the 2017 program, three (3) \$1,500 scholarships will be awarded. The award(s) may be increased depending on the availability of program funds. The awards will be distributed in August 2017. The scholarship may be renewed for the following year provided the award recipient meets the conditions outlined below under Scholarship Renewal.

Note: Applicants related to a member of the Board or an employee of the organization are not eligible for the program.

Applicants Must:

- Be a cancer survivor or current patient or has a parent (or guardian) that is a cancer survivor or patient;
- Be between the ages of 18-35 (an exception may be made if the applicant is 17 and entering college in the Fall 2017 semester);
- Have been accepted as a full-time student at an accredited college or university within the U.S.;
- Have a GPA of 2.5 or higher on a 4.0 scale;
- Be a citizen or legal permanent resident of the United States;
- Provide two (2) reference letters, which can be either personal or academic;
- Submit a personal essay of at least 500 words answering one of the following:
 - (1) How have you used or plan to use your cancer experience to impact the lives of others affected by cancer?
 - (2) Describe how your experience with cancer has impacted your life and the pursuit of a higher education.

Application Checklist:

- Completed application form;
- Completed physician verification
- form;
- Most recent official high school or college
- transcript; Two (2) reference letters;
- Personal essay;
- Proof of acceptance and enrollment at an accredited college or university within the U.S.



Scholarship Renewal:

- Under the 2017 Scholarship Renewal program, \$1,000 scholarships will be awarded. The award(s) may be increased depending on the availability of program funds. The awards will be distributed in August 2017.
- Scholarships may be renewed annually for up to 4 times if the award recipient maintains a 2.8 GPA and completes a minimum of 25 volunteer hours with an organization serving cancer patients and/or survivors and their families. More than 4 renewals may be considered on a case-by-case basis.
- Applications for the program will be accepted between May 1 and July 31, 2017.

Personal Information (Section A) - PLEASE PRINT CLEARLY IN ALL SECTIONS				
Full Name:			Date of Birth:	
Gender:	Email Address:			
Mailing Address:		City, State:	Zip Code:	
How Did You Hear About Us?			Currently Under Treatment?	
Internet	Family/Friend	Social Network	School Counselor	No

Medical Information (Section B)				
Name of Cancer Patient:			Relationship:	
Myself	Parent (Or Guardian):			
Type of Cancer Diagnosis:		Date of Diagnosis:	Age at Diagnosis:	
Treatment Received:			Currently Under Treatment?	
Surgery	Radiation	Chemotherapy	Yes	No
Name of Hospital/Treatment Center:		City:	State:	Zip Code:



High School Information (Section C)

Name of High School Attending/ Attended:	Status (Circle One):			Graduation Date:	
	JR	SR	GRAD		
Address:	City:		State:		Zip Code:
Cumulative GPA (4.0 Scale):	ACT or SAT Score (Provide Both If Available):				
	ACT:			SAT:	

College/University Information (Section D)

Name of College Attending/Attended:	Status (Circle One):					
	FR	SO	JR	SR	MAST	PHD
Address:	City:		State:		Zip Code:	
Cumulative GPA (4.0 Scale):	Major and Minor (Provide Both If Available):					
	Major:			Minor:		



Academic Honors and Awards (Section E)

List any academic honors, awards and membership activities while attending high school or college.

Description	Start Date	End Date
	While Attending:	
	HS	College
Description	Start Date	End Date
	While Attending:	
	HS	College

Extracurricular Activities (Section F)

List any extracurricular activities and related volunteer activities while attending high school or college (please note any leadership roles). Special consideration will be made for activities related to the area of cancer.

Description	Start Date	End Date
	While Attending:	
	HS	College
Description	Start Date	End Date
	While Attending:	
	HS	College
Description	Start Date	End Date
	While Attending:	
	HS	College



Statement of Accuracy:

I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship and I hereby understand that this application will become the property of LIFE Scholarship Foundation, Inc..

I hereby understand that if chosen as a scholarship winner, according to the LIFE Scholarship Foundation, Inc. Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice within the State of New York before scholarship funds can be awarded. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the organization's scholarship program (may waive photo due to unusual or compelling circumstances).

I hereby agree that my essay may be reprinted in part or in full for the purposes of educating, supporting and helping other college students affected by cancer.

I hereby authorize _____ (medical provider listed in section B) to provide information about my medical condition and cancer diagnosis to a representative of LIFE Scholarship Foundation, Inc. in order to support my scholarship application.

I hereby understand that all financial and medical information will remain confidential.

Signature: _____

Date: _____

Print Name: _____

Mail completed application and supporting documents to:

LIFE Scholarship Foundation, Inc.

Attn: Selection Committee

PO. Box 290078

Brooklyn, New York 11229

For more information, please visit us at <http://www.lifescholarshipfund.org> or contact us at 718-759-6028