



**ST. TAMMANY CANCER FUND
COLLEGE MEMORIAL SCHOLARSHIP
PROGRAM
2017 Academic Year**

PURPOSE

The St. Tammany Cancer Fund (STCF) is a locally based charitable/nonprofit organization established in 2002 and is committed to meeting the needs of cancer patients and survivors in the Northshore region. STCF awards college scholarships to St. Tammany Parish youth who have lost a parent(s) to cancer. The scholarship award is to be used to satisfy financial obligations toward the following: tuition and fees; room and board; books and supplies; and commuting expenses. The recipients are selected by STCF's independent volunteer Scholarship Advisory Committee.

GUIDELINES

Each applicant must submit the following to STCF by **April 14, 2017**:

- The completed and signed application form
- Narrative essay of 500 words or less
- Two letters of recommendation from someone other than a relative
- An official academic transcript from high school or college/university currently in attendance

The scholarship will be awarded for eight semesters valued at \$1,000 per academic semester with a lifetime maximum award amount of \$8,000. At the end of each semester, the recipient will provide STCF with an official transcript and proof of full-time enrollment for the next semester. The subsequent scholarship check will be issued only upon receipt of these materials.

Scholarship recipients will be notified after May 19, 2017

CRITERIA

STCF scholarship recipients must be between the ages of 17 and 25 during the scholarship period.

STCF applicant must have lost his/her parent(s) to cancer

STCF applicants must reside in St. Tammany Parish at the time of initial application and be accepted into/planning to attend a 2 or 4 year accredited college undergraduate program only.

CONTACT

Applications for this scholarship may be obtained from:

**St. Tammany Cancer Fund
C/O Northshore Community Foundation
870 North Columbia Street
Covington, LA 70433
or on our website www.northshorefoundation.org**



**ST. TAMMANY CANCER FUND
COLLEGE MEMORIAL SCHOLARSHIP PROGRAM
APPLICATION
2017 Academic Year**

DUE DATE: APRIL 14, 2017

Student Name:

Parent/Legal Guardian(s)/Spouse Name(s):

Permanent Mailing Address:

City: County/Parish: State: Zip:

Date of Birth: Gender: Telephone:

Email Address: Cell Phone:

Parent/Legal Guardian's Email:

Parent/Legal Guardian's Telephone:

Are you a permanent resident of St. Tammany Parish, Louisiana? Yes No

Current cumulative GPA* High School Yes No College Yes No

**Do you meet the GPA requirement?* Yes No

**St. Tammany Cancer Fund requires a cumulative GPA of 2.0?* Yes No

Does your transcript reflect your current cumulative GPA? Yes No

What is your anticipated college graduation date (undergraduate degree)?

Student Name:

If you are graduating from high school this spring, please complete:

High School Name:

Telephone:

School Address:

Principal:

City:

Graduation Date:

State:

Zip:

Senior Awards Day:

List all high schools and colleges attended, including current school:

SCHOOL	DATES ENROLLED	CITY/STATE	GRADES ATTENDED

List any school or community-related activities or employment:

List your personal interests and hobbies outside of school:

Are you currently involved in Relay for Life, Cancer Action Network (ACS CAN) or any other American Cancer Society programs or activities? Yes No

Have you applied for an American Cancer Society College Scholarship in the past? Yes No

Have you received an American Cancer Society College Scholarship in the past? Yes No

Name of college or university you plan to attend in 2017-2018?

School Address:

City:

State:

Zip:

Have you been accepted for admission? Yes No

If not, when do you expect to be notified of acceptance?

Estimate of total cost of tuition and books in 2017-2018 academic year?

Student Name:

FAMILY INFORMATION:

List all family members living in your household, *starting with yourself*. Please indicate their relationship to you (parent/legal guardian, brother, sister, etc.). Indicate if any other family members are attending college

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CURRENTLY ATTENDING COLLEGE?</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDIA/PHOTO RELEASE

(Permission does not have to be granted in order to be considered for this scholarship.)

Full permission is granted to the St. Tammany Cancer Fund to use, publish, and release all or portions of my written essay relating to the College Scholarship program. My name, age, and diagnosis related information may be used in connection with the essay, with the understanding there will be no exploitation of me and the essay used should conform to the standards of good taste. Yes No

Full permission is granted to the St. Tammany Cancer Fund to use, publish, and release photos of me for publication relating to the College Scholarship program. My name, age, and diagnosis related information may be used in connection with the photo, with the understanding there will be no exploitation of me and the photo used should conform to the standards of good taste. Yes No

Full permission is granted to the St. Tammany Cancer Fund to contact me to participate in a news media interview regarding the College Scholarship program. My name, age, and diagnosis related information may be used in connection with the interview, with the understanding there will be no exploitation of me and the interview used should conform to the standards of good taste. Yes No

Student Name:

ACKNOWLEDGEMENT OF SCHOLARSHIP PROCESS:

The St. Tammany Cancer Fund reserves the right to offer scholarships as funding permits. All efforts will be made to fund applications to meet the eligibility requirements and follow scholarship guidelines; however, the total scholarships available are based on the approved annual budget for the scholarship program. A volunteer college scholarship committee will make final decisions on awards. The committee will consider academic, achievement, leadership, community service and educational goals when evaluating applications.

Signature of applicant:

Date:

Telephone: Day:

Evening:

Other:

Signature of parent/guardian:

(***Not required if student is over age 18***)

Relationship to applicant:

MAIL APPLICATION AND ALL SUPPORTING DOCUMENTS TO:

**St. Tammany Cancer Fund
C/O Northshore Community Foundation
870 North Columbia Street
Covington, LA 70433**

