

November 1, 2011

Dear Student:

Enclosed is your application packet for an American Cancer Society Mid-South Division College Scholarship for the 2012/2013 academic year.

To be eligible for the Mid-South Division scholarship you must:

- ✓ **Scholarship is a one-time, non-recurring award based upon the American Cancer Society Mid-South Division approved budget and the availability of funds. Awards are not guaranteed.**
- ✓ Have had a diagnosis of cancer before age 19.
- ✓ Be under the age of 25 at the time of application.
- ✓ Be a legal resident of Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Tennessee, or Floyd or Clark counties in Indiana.
- ✓ Be a United States citizen.
- ✓ Have a GPA of at least 2.5 (based on a 4.0 scale) or GED equivalent.
- ✓ Have been accepted without condition to an accredited two- or four-year university or community college. Consideration will be given to students pursuing an education in a regionally accredited vocational/technical schools.
- ✓ Take a minimum of 12 hours per semester/full-time student.
- ✓ Student may not be a previous recipient of this scholarship. Renewal applications will not be accepted.
- ✓ Scholarship cannot be applied to graduate level studies.

Applications must be postmarked on or before February 1, 2012. Do not submit application by fax; all applications and supporting documents must be mailed by the above deadline.

Applicants must submit the following information in addition to the completed application:

- Two letters of recommendation from someone other than a relative.
- Physician diagnosis confirmation form including cancer type and diagnosis date
- Goal statement/essay of 500 words or less (*see Application Checklist for details*)
- Most current transcript or record of academic achievement from high school, college or GED equivalency exam. If you are attending more than one school, please submit **all** of your transcripts for consideration.
- For individuals applying who are currently in their first year of college, please submit a transcript or copy of academic record from the 1st semester of college attendance, not a high school transcript

Only those applicants who meet all of the above mentioned eligibility requirements and submit a complete application packet postmarked on or before February 1, 2012 will be considered for a scholarship award. Please be sure to read all instructions and follow each step carefully.

Please make sure your application and required attachments are postmarked on or before **February 1, 2012**. Late or incomplete applications will not be considered. If you are expecting any portion of this application to be sent to us directly from your doctor's office, high school or college/university, you are responsible for following up to confirm that we received those items. Scholarship awards will be announced by April 2, 2012. If you have questions or need further assistance, please contact Clara Carruth at 225.767.4556 or by email at MidsouthScholarship@cancer.org.

Best Wishes,

Sally Self, M.Ed., LSW
Chair, Quality of Life Committee
Mid-South Division, Inc.

Angel Strange, MSW
Division Quality of Life Director
Mid-South Division, Inc.

APPLICATION CHECKLIST

NOTE: Late or incomplete applications will not be considered. Please make sure your application and required attachments are postmarked on or before **February 1, 2012.**

- Answer all questions on entire application
- Include your essay. Your essay should:
 - Include how a diagnosis of cancer has changed your life and your future goals
 - Include how your diagnosis has impacted your educational and occupational aspirations
 - Be typed, double-spaced
 - Be no longer than 500 words
- Include two letters of recommendation from someone other than a relative
- Include physician's diagnosis confirmation form (see page 5 of this application)
- Include copy of your most current transcript or record of academic achievement (from high school, college or GED equivalency exam). For individuals applying who are currently in their first year of college, please submit a transcript or copy of academic record from the **FIRST** semester of college attendance, not a high school transcript. It must reflect your cumulative GPA. If attending more than one school, please submit **all** transcripts.
- Write your name in the blanks on the top of each page included in your application packet
- Include signatures of applicant and parent/guardian (if required) on the application
- Double check application to make sure it is filled out completely and that all required documents are attached.
 - **REMEMBER**, incomplete applications will not be considered
 - **REMEMBER**, application must be postmarked on or before **February 1, 2012**
 - **REMEMBER**, this is a one-time, non-recurring scholarship, and renewal applications will not be considered
- If you are expecting any portion of this application to be sent to us directly from your doctor's office, high school or college/university, you are responsible for following up to confirm that we received those items.
- DO NOT FAX APPLICATION.** Mail application and all supporting documents to:
 - American Cancer Society
 - ATTN: College Scholarship Committee
 - 10528 Kentshire Ct.
 - Baton Rouge, LA 70810

American Cancer Society Mid-South Division
 College Scholarship Program Application
 2012-2013 Academic Year

DUE DATE: FEBRUARY 1, 2012

Student Name: _____

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

Permanent Mailing Address: _____

City: _____ County/Parish: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: (____) _____

Email Address: _____ Cell Telephone: (____) _____

Parent's Email: _____ Parent's Telephone: (____) _____

Type of cancer: _____

Cancer site (if applicable): _____ Date of Diagnosis (MM/DD/YYYY): _____

Type of health insurance: Private Medicaid Medicare
 None Other - please explain: _____

Are you a permanent resident of AL, AR, KY, LA, MS, TN, Floyd or Clark County, IN? Yes No

Current cumulative GPA* _____ High School Yes No College Yes No

*Do you meet the GPA requirement? Yes No

***Mid-South Division requires a cumulative GPA of 2.5 or above to be considered.**

Does your transcript reflect your current cumulative GPA? Yes No

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

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: _____

Student Name _____

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

<u>School</u>	<u>Dates Enrolled</u>	<u>City/State</u>	<u>Grade Attended</u>

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 school you plan to attend in 2012/13: _____

Address: _____

City: _____ State: _____ Zip: _____

Have you been accepted for admission? Yes No

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

Estimate your total cost of tuition and books in 2012/2013: _____

Student Name _____

FAMILY INFORMATION:

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

<u>Name</u>	<u>Relationship To You</u>	<u>Currently Attending College?</u>
_____	_____(self)_____	<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 American Cancer Society 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 that there will be no exploitation of me and that the essay used should conform to the standards of good taste. Yes No

Full permission is granted to the American Cancer Society 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 that there will be no exploitation of me and that the photo used should conform to the standards of good taste. Yes No

Full permission is granted to the American Cancer Society 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 that there will be no exploitation of me and that the interview used should conform to the standards of good taste. Yes No

Student Name _____

ACKNOWLEDGEMENT OF SCHOLARSHIP PROCESS:

Mid-South Division reserves the right to offer scholarships as funding permits. All efforts will be made to fund applications that 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 over age 18***)

Relationship to student: _____

Mail application and all supporting documents to:
American Cancer Society
ATTN: College Scholarship Committee
10528 Kentshire Ct.
Baton Rouge, LA 70810

Student Name _____

PHYSICIAN DIAGNOSIS CONFIRMATION FORM

Instructions: *This form must be completed by a physician.*

Name of Scholarship Applicant: _____

The above named applicant has had a diagnosis of cancer: Yes No

Type of cancer: _____

Cancer Site (if applicable): _____ Date of diagnosis: (MM/DD/YYYY) _____

What are the first three words that come to mind in describing the applicant?

1) _____ 2) _____ 3) _____

Do you recommend this patient for the American Cancer Society Mid-South Division College Scholarship? I recommend this patient I do not recommend this patient

If not, please explain why: _____

Signature: _____ Date: _____

Physician: _____
First Middle Initial Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Mail application and all supporting documents to:
American Cancer Society
ATTN: College Scholarship Committee
10528 Kentshire Ct.
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(Questions? Please contact Clara Carruth at 225.767.4556 or by email at MidsouthScholarship@cancer.org.)