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**ST. TAMMANY CANCER FUND**

**COLLEGE MEMORIAL SCHOLARSHIP PROGRAM**

**2018 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 13, 2018**:

* 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 18, 2018**

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**

**807 North Columbia Street**

**Covington, LA 70433**

**or on our website** [**www.northshorefoundation.org**](http://www.northshorefoundation.org)

**ST. TAMMANY CANCER FUND**

**COLLEGE MEMORIAL SCHOLARSHIP PROGRAM APPLICATION**

**2018 Academic Year**

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**DUE DATE: APRIL 13, 2018**

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**

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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 2018-2019?

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 2018-2019 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

NAME RELATIONSHIP CURRENTLY ATTENDING COLLEGE?

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ 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 □ Yes □ No

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.

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, □ Yes □ No

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.

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, □ Yes □ No

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.

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**

**807 North Columbia Street**

**Covington, LA 70433**

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