



PROVIDING CHARITABLE ASSISTANCE TO FAMILIES OF CANCER PATIENTS

## SCHOLARSHIP INFORMATION

**Deadline:** May 1

**Scholarship Program:** Up to seven college scholarships in the amount of \$1000 each will be available to area schools to a student who is a cancer patient, cancer survivor and/or have an immediate family member (mother, father, daughter, son, or siblings) with cancer. In addition, the applicant must be a US citizen and currently attending or scheduled to attend an accredited university, junior college, trade school, and/or graduate school. Applicants may reapply every year.

**Geographic focus:** Currently resides in the Venango County Area

**Type of assistance:** Private

**Application information:** Application forms required. Application documents are available on the Kirtland Cancer Foundation website.

<http://www.kirtlandcancerfoundation.org>

Applications must include a cover letter, two letters of recommendation, the financial need form to include estimated education costs, the physician verification form, a copy of acceptance letter, a personal statement, and a copy of FAFSA.

**Final notification:** Recipients notified within four weeks after application deadline.

**Contact Information:**

Kirtland Cancer Foundation  
P.O. Box 108  
Franklin, PA 13232  
814-437-1305

Beverly Lake, Director

<http://www.kirtlandcancerfoundation.org>



The Kirtland  
Cancer Foundation

PROVIDING CHARITABLE ASSISTANCE TO FAMILIES OF CANCER PATIENTS

## SCHOLARSHIP APPLICATION GUIDELINES

- Thank you for submitting an application for a Kirtland Cancer Foundation scholarship! The following supporting materials must be submitted together in one package to the Foundation no later than May 1 in order to be considered for a scholarship from our organization:
- Scholarship Cover Letter
- Two recommendation forms (see website for document). A teacher must fill out one recommendation form. The other recommendation form must be from a person outside your family (counselor, minister, mentor, etc.).
- You must also include a letter from the treating physician and must reference that you or an immediate family member has been or is currently being treated for cancer.
- A copy of your acceptance letter or a letter of good standing from the registrar's office
- A personal statement illustrating why you should be selected as a scholarship recipient. (Maximum of 1,000 words in 12 pts font)
- An estimated annual cost of attendance. A copy of a Financial Aid Award letter from your school would be sufficient.
  - Examples to include:
    - Tuition
    - Room and Board/Rent
    - Books
- A description of how your education is being financed. Include a copy of your FAFSA (Free Application for Federal Student Aid). Be sure to include the name and specific amounts of aid that you have received. Only include aid that you know you have been awarded.
  - Examples to include:
    - Scholarships and Grants
    - Family Contribution
    - Student Contribution
    - Unsubsidized loans
    - Subsidized loans
    - College Savings Plan
- A copy of your most recent academic transcript
- A short letter explaining any other extenuating circumstances not already expressed to the committee.

**Please send all supporting materials together in one package to:**

**Kirtland Cancer Foundation**

**P. O. Box 108**

**Franklin, PA 16323**



## SCHOLARSHIP COVER LETTER

**Name** \_\_\_\_\_

**Phone & Email Address** \_\_\_\_\_

**Permanent Address** \_\_\_\_\_

**Name of Parents/Guardian** \_\_\_\_\_

**Currently attending** \_\_\_\_\_ **High School**

**Name and Address of College or University you will attend**

\_\_\_\_\_  
\_\_\_\_\_

**Proposed Field of Study or Major** \_\_\_\_\_

\_\_\_\_\_

**Scholastic Honors and Awards** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_



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## RECOMMENDATION FORM

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

### Instructions to person providing the reference

Your input is needed to enable the Scholarship Committee to make a decision on the request of the applicant. Scholarships are awarded based on the applicant having cancer, surviving cancer or an immediate family member (mother, father, son, daughter, or a sibling) having cancer. Please rate the student according to the following attributes and provide a short narrative based on your knowledge of the applicant.

**Please circle one number in each category. Rating Scale: 1-5 with 5 being the highest**

Scholastic/ Personal Achievements	1	2	3	4	5	N/A
Attendance or Punctuality	1	2	3	4	5	N/A
Leadership Ability	1	2	3	4	5	N/A
Motivation	1	2	3	4	5	N/A
Attitude	1	2	3	4	5	N/A
Potential for growth	1	2	3	4	5	N/A

### Narrative Required

On a separate sheet of paper, please include a short narrative describing the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FINANCIAL NEED FORM**

	Father/Guardian	Mother/Guardian
1. Name	_____	_____
2. Employer	_____	_____
3. Income		
a. Taxable income as reported on prior year's tax return	_____	_____
b. Non-taxable income	_____	_____
4. Assets		
a. Savings	_____	_____
b. Home Equity	_____	_____
c. Other Real Estate or Investments	_____	_____
d. Farm or Business	_____	_____
5. What will you be able to contribute towards your education?		

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6. Estimated Education Costs:

- a. Tuition & Fees \_\_\_\_\_
- b. Room & Board \_\_\_\_\_
- c. Books & Supplies \_\_\_\_\_
- d. Other Costs (list) \_\_\_\_\_

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7. Household Information

Number of Dependents \_\_\_\_\_

How many will be in college during the year of the scholarship grant? \_\_\_\_\_

Please add any additional information concerning the financial assets and obligations, which would explain your need for financial assistance:

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
Father / Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother / Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant



## PHYSICIAN VERIFICATION

The following student \_\_\_\_\_ has applied for a Scholarship to be awarded by the Kirtland Cancer Foundation. Up to seven scholarships of \$1000 each will be available to area schools to a student who is a cancer patient, cancer survivor and/or have an immediate family member (mother, father, daughter, son, or siblings) with cancer.

This form is verification that \_\_\_\_\_  
(relationship to applicant) \_\_\_\_\_  
is being treated or has been treated for cancer.

The dates of treatment are \_\_\_\_\_ or were \_\_\_\_\_

Signed \_\_\_\_\_  
Attending Physician

Date \_\_\_\_\_