



November 2, 2009

Dear Student:

Enclosed is your application packet for an American Cancer Society Mid-South Division College Scholarship for the 2010/2011 academic year.

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

- ✓ 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, and 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 regionally accredited vocational/technical schools.
- Scholarship cannot be applied to graduate level studies.
- ✓ Take a minimum of 12 hours per semester/full-time student.
- ✓ **Must reapply for scholarship each year (limited to four academic years and based on available funding).**

Applications must be **postmarked on or before February 1, 2010.** Do not submit application by fax; all applications and supporting documents must be mailed by the above deadline.

New 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 including cancer type and diagnosis date
- Goal statement/essay of 500 words or less
- Most current transcript of academic records from high school, college or GED equivalency exam. If you are attending more than one school, please submit all of your transcripts for consideration.

Students reapplying^{***} only have to submit:

- Completed application
- A copy of current transcript which reflects academic records from all institutions attended and overall GPA.

*****NOTE:** You **MUST** reapply every year (limited to four academic years). Reapplications will be considered as funding permits, and awards are not guaranteed to anyone who has been a previous recipient.

Only those applicants who meet all of the above mentioned eligibility requirements and submit a complete application packet postmarked on or before February 1, 2010 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, 2010. 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 1, 2010. If you have questions or need further assistance, please contact Clara Lawson at 225.767.4556 or by email at clara.lawson@cancer.org.

Best Wishes,

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

Sally Self, M.Ed., LSW
Chair, Quality of Life Committee
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, 2010.

- Answer all questions on entire application
- Include your essay (*new applicants only*)
 - Please include how a diagnosis of cancer has changed your life and your future goals and include how it has impacted your educational and occupational aspirations
 - Should be typed, double-spaced
 - Should be no longer than 500 words
- Include two letters of recommendation from someone other than a relative (*new applicants only*)
- Include physician's diagnosis confirmation form (*new applicants only*)
- Include copy of your most current transcript of academic records (from high school, college or GED equivalency exam). 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
- Check box on first page of application for new or renewal applicant
- 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, 2010
- 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



NEW

RENEWAL
(limited to four academic years)

**American Cancer Society Mid-South Division
College Scholarship Program Application
2010-2011 Academic Year**

DUE DATE: FEBRUARY 1, 2010

Student Name: _____

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

Permanent Address: _____

City: _____ County/Parish: _____

State: _____ Zip Code: _____ Telephone: (____) _____

Date of Birth: _____ Secondary Telephone: (____) _____

Email Address: _____ Parent's Email: _____

Type of cancer: _____

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

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

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

Do you meet this requirement? Yes No

Does your transcript reflect your current cumulative GPA? Yes No

What is your anticipated college graduation date? _____

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 _____



College Scholarship

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: _____

Would you be interested in volunteering with the American Cancer Society? Yes No

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

Name of school you plan to attend in 2010/11: _____

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 2010/2011: _____



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>
_____	_____	<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: _____



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: (____) _____