



2019 – 2020 Application Form for All Applicants
 Young Survivors' Scholarship Program
 16 Sunnen Drive, Suite 161
 St. Louis, MO 63143
 (314) 275-7440

This form can be photocopied. This form by itself is not a complete application packet. Applications must be postmarked by or before **June 14, 2019**. **Incomplete applications will not be considered.**

1) Applicant

Last Name ()	First Name ()	Middle Initial	
Home Phone	Cell	Email	
Street Address			
City	State	County	Zip
Date of Birth	Age		
Date of Diagnosis		Diagnosis	

Circle One: I am a legal resident of: **Missouri or Illinois.**

2) High School

School Name	Graduation Date
School Street Address	City
	State
	Zip

Other Schools – Please list additional schools of higher education attended.

<u>Dates</u>	<u>Name of School</u>	<u>City/State</u>	<u>Grades Attended</u>	<u>GPA</u>

3) Letter of Acceptance, on letterhead

Name of accredited university, graduate school, college, community college, or vocational technical school to which you have been accepted:

School Name	Student I. D. Number
School Street Address	() School Phone
City	State
	Zip

4) Letters of Reference (2)

Include the contact information of the individuals who are writing letters in support of your application. **Please Print.**

A) Physician or Treatment Facility (*Must be on their letterhead*) verifying you received treatment there.

Title	Name (first & last)	
	()	()
Affiliation (hospital, organization, etc)	Phone	Fax

B) Adult Over 21 who is not a relative (teacher/professor, guidance counselor, employer, scout leader, mentor, other)

Title	Name (first & last)	
	()	()
School, Organization, Other	Phone	Fax

5) Services (programs, parties, etc.) received from Friends of Kids with Cancer.

6) Volunteer work (please be specific), hobbies, interests, and extra-curricular activities. Attach extra sheet, if needed.

7) Essay (one page only, please attach) describing your life experiences, your future goals, and the reasons why you need/deserve this scholarship grant. Please incorporate one short paragraph how Friends of Kids with Cancer helped you through your journey.

8) Mackenzie’s Scholarship Essay- an additional \$1000 to ONE recipient (one page only, please attach) describing your perseverance and determination in education in the spirit of Mackenzie’s lust for life.

9) Signature

The information on this form & contained in the application package is true & correct to the best of my knowledge as evidenced by these signatures.

Applicant’s Signature	Date
Parent/Guardian’s Signature (if applicant is under 18)	() Daytime Phone
	Date

Have you included everything below in one envelope? Incomplete applications will not be considered.

- Completed application form.
- Two recommendations; one from a physician (on his/her letterhead) verifying diagnosis and one from an adult age 21 or older who is not a relative.
- An acceptance letter from a scholastic institution on letterhead.
- An official transcript of academic records from high school or college, whichever is applicable. Some institutions require the transcript be mailed directly to our office; please indicate if that is applicable in your case.
- A one-page essay describing your life experiences, your future goals, and the reasons why you need/deserve this scholarship grant.
- *Mackenzie" Scholarship- A one-page essay exemplifying perseverance and determination in education in the spirit of Mackenzie's lust for life.

