



**2020 – 2021 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 12, 2020**. **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.**

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**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.

