



BOBBY ORF #17 FRIENDS SCHOLARSHIP

Instructions for the 2019 - 2020 APPLICATION

The Bobby Orf #17 Scholarship is open to students who have received services from Friends of Kids with Cancer and is solely intended to support the student's post-secondary education.

The purpose of the Bobby Orf #17 Scholarship is to recognize the achievements of individuals who have experienced cancer or another significant blood disease by providing financial assistance toward the student's continuing education. Individuals who are recipients of the award will have demonstrated success in the classroom and most importantly, exhibit the characteristics of **strength, courage and determination**. These three characteristics defined the life of Bobby Orf. (1984 – 2003) Preference will be given to applicants from the St. Louis region (Missouri and Illinois).

The scholarship is a one-time grant for the **2019-2020 Academic Year**. One \$5,000 award will be made to a senior graduating from High School or a patient whose entrance to college was delayed due to treatment or relapse after their graduation.

The Bobby Orf #17 Scholarship Fund is a component Fund of Friends of Kids with Cancer and is administered by them. Applications will be evaluated by the Bobby Orf #17 Friends Scholarship Advisory Board. Final decisions about scholarship selection and award amount are the responsibility of the Friends of Kids with Cancer Scholarship Committee.

The following application materials must be provided to Friends of Kids with Cancer **postmarked by June 14, 2019**:

1. Completed and signed **application**.
2. Brief **Essay** about a difficult situation you have faced in your life and how you met the challenge. (This essay does not need to be centered around your experience with cancer; but it must exhibit characteristics of **STRENGTH, COURAGE and DETERMINATION**.)
3. **Two letters of Recommendation**, outlining your contribution to your family, school, community, and/or work.
4. Cumulative High School **Transcript** of academic work through the seventh semester.
5. Copy of letter of acceptance from college, if received.

All application materials should be sent to: THE BOBBY ORF #17 FRIENDS SCHOLARSHIP
FRIENDS OF KIDS WITH CANCER % VALERIE
16 SUNNEN DRIVE, SUITE 161
SAINT LOUIS, MO 63143

The Bobby Orf #17 Scholarship Fund is a component fund of Friends of Kids with Cancer and does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability. Final decisions on eligibility, selection, and award amount will be determined by Friends of Kids with Cancer.



BOBBY ORF #17 FRIENDS

2019 - 2020 APPLICATION

SCHOLARSHIP

Please complete all items and label all enclosures with your full name. Mail completed application and supporting materials to Friends of Kids with Cancer by June 14, 2019:

College Student ID# or

1. Name _____ 2. Last 4 digits of Soc. Sec. # _____
First Last

3. Permanent Address _____
Street City/State Zip

4. Telephone Number (____) _____ Cell Number (____) _____

5. Date of Birth _____ 6. Age _____ 7. Gender: Male _____ Female _____
Month Day Year

8. Email address (optional) _____

9. I will enroll in at least 12 semester hours (or the equivalent) each term in 2019- 2020 Yes No

10. Parent(s) or Guardian(s) Name _____

11. Address (if different from #3 above) _____
Street City/State Zip

12. Occupation _____ 13. Employer _____

14. Daytime Phone Number (____) _____ Extension _____

15. Applicant's current school _____ 16. Graduation date: _____
Month Year

17. College you plan to attend Fall 2019: _____
name city and state

18. Academic major or emphasis: _____ 19. Expected completion: _____
Month year

20. Provide information on your work experience.

Name of business	Hours worked per week	Employed from mo/yr. to mo/yr.	Title and Job duties
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____

21. Provide information on your extracurricular involvement, concentrating on those areas of most importance to you. Please include any volunteer/service opportunities that you have been involved in.

Activity per week mo/yr. to mo/yr.	Time involved	Period of involvement	Position(s) held and/or details of the activity
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____

22. Attach a brief **Essay**, headed by your name that tells the selection committee about a difficult situation you have faced in your life and how you met the challenge. As you consider your topic, keep in mind that the recipient of the award will exhibit the characteristics **of strength, courage and determination that defined the life of Bobby Orf**. This could be any situation, something small or large. We encourage you to think outside the box of your experience with cancer.

23. Note: The student selected to receive the 2019-2020 Bobby Orf #17 Scholarship will be asked to attend:
 - Bobby Orf #17 Golf Tournament, Saturday, July 20, 2019, at the Warrenton Golf Course, Warrenton, MO

Your signature at the end of the application authorizes the Bobby Orf #17 Friends Scholarship Advisory Committee and Friends of Kids with Cancer to examine and verify your academic records, and to release pertinent data to those involved. Your signature certifies that all information here is true and complete to the best of your knowledge. An unsigned or incomplete application will make the applicant ineligible for consideration for a Bobby Orf #17 Friends Scholarship award.

23. Applicant's Signature _____ 24. Date _____

BOBBY ORF #17 FRIENDS SCHOLARSHIP

Application Check List

Deadline:

The following application materials must be **postmarked** to Friends of Kids with Cancer by **June 14, 2019**:

Date submitted

- A. The completed and signed **application** form _____

- B. Brief **Essay** about a difficult situation you have faced in your life and how you met the challenge. _____

- C. **Two Letters of Recommendation**, that outline your contributions to your school, family, work and/or community.
 - 1. Letter from a teacher _____
 - 2. Letter from another teacher, counselor, or medical care provider _____

- D. Official cumulative **transcript** of academic work through the seventh semester _____
- E. Letter of acceptance from your college if received.

Please feel free to call if you should have any questions.....

Friends of Kids with Cancer- Valerie: 314-275-7440

KEEP A PHOTOCOPY OF THIS ENTIRE APPLICATION FOR YOUR FILES.

THE BOBBY ORF #17 FRIENDS SCHOLARSHIP
FRIENDS OF KIDS WITH CANCER
16 SUNNEN DRIVE, SUITE 161
SAINT LOUIS, MO 63143

314.275.7440
valerie@friendsofkids.com