



## **BOBBY ORF #17 FRIENDS SCHOLARSHIP**

### Instructions for the 2021 - 2022 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 **2021-2022 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 May 28, 2021**:

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 SCHOLARSHIP

## 2021 - 2022 APPLICATION

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 May 28, 2021:

**College Student ID# or**

1. Name \_\_\_\_\_ 2. Last 4 digits of Soc. Sec. # \_\_\_\_\_

3. Permanent Address \_\_\_\_\_  
First Street Last 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 2020- 2021  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 2020: \_\_\_\_\_  
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
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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 week mo/yr. to mo/yr.	per	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 2021-2022 Bobby Orf #17 Scholarship will be asked to attend:  
 - Bobby Orf #17 Golf Tournament, Saturday, July \*\*, 2021, 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 **May 28, 2021:**

Date submitted

- |                                                                                                              |                     |
|--------------------------------------------------------------------------------------------------------------|---------------------|
| A. The completed and signed <b>application</b> form                                                          | _____               |
| B. Brief <b>Essay</b> about a difficult situation you have faced in your life and how you met the challenge. | _____               |
| C. <b>Two Letters of Recommendation</b> , that outline your contributions to your school, community.         | family, work and/or |
| 1. Letter from a teacher                                                                                     | _____               |
| 2. Letter from another teacher, counselor, or medical care provider                                          | _____               |
| D. Official cumulative <b>transcript</b> 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