



Tom “The Tutor” Mulvihill Scholarship Spring 2021 – 2022 Application

16 Sunnen Drive, Suite 161

St. Louis, MO 63143

(314) 275-7440

Friends of Kids with Cancer and the friends and family of Tom Mulvihill are pleased to offer a scholarship in his honor. Tom Mulvihill “Tom the Tutor” dedicated 25 years of his life to helping kids with cancer be kids. His unique ability to build relationships and put a smile on the face of each child had a lasting impact on their lives. Tom’s exceptional skill in motivating children and instilling confidence was his greatest gift. He leaves a legacy of inspiration, faith, and hope in young survivors. He taught kids to believe in themselves and reach for their dreams; this scholarship is a pathway for you to achieve whatever you dare to dream.

This form can be photocopied. This form by itself is not a complete application packet. Applications must be postmarked by or before **NOVEMBER 19, 2021**. **Incomplete applications will not be considered.**

1) Applicant

Last Name	First Name	Middle Initial	
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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** or **Other** _____

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

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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)

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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)

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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 how this scholarship will be helpful to you in your pursuits. **Please incorporate one short paragraph how Friends of Kids with Cancer helped you through your journey.**

8) 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 their letterhead) verifying diagnosis and one from an adult age 21 or older who is not a relative.
- An acceptance letter from a scholastic institution or trade school 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.

