



Tom “The Tutor” Mulvihill Scholarship Spring 2022 – 2023 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 **May 27, 2022**. **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** 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	
	()	
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 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)

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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.

