



Mackenzie Scholarship 2022-2023 Application

16 Sunnen Drive, Suite 161

St. Louis, MO 63143

(314) 275-7440

Friends of Kids with Cancer and the family and friends of Mackenzie Woelbling are pleased to offer a scholarship in her honor. Mackenzie was diagnosed with rhabdomyosarcoma in September of 2003 at the age of three. For the next 10 years she fought the battle of her life, facing multiple relapses, as well as an additional diagnosis of osteosarcoma. She stole the heart of many and like any young child she was fun loving, silly, adventurous, and loved animals, especially dogs. Mackenzie loved being in school and worked very hard to keep up with her academics. The family and friends of Mackenzie would like to honor her memory by offering this scholarship to one applicant that best exemplifies Mackenzie's spirit and lust in life while keeping in mind that perseverance and determination in education are most important!

This form can be photocopied. This form by itself is not a complete application packet. Applications must be postmarked by or before **MAY 27TH, 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.

<hr/>		
Applicant's Signature		Date
<hr/>		
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.

