

**Mackenzie Scholarship
2024-2025 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!

It is the **scholarship recipient’s** responsibility to contact Friends of Kids with Cancer in the case of taking the semester off, transferring schools, not returning to school, or any other changes regarding schooling.

This form can be photocopied. This form by itself is not a complete application packet. Applications must be postmarked by or before **MAY 24TH, 2024.** **Incomplete applications will not be considered.**

**1) Applicant**

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 Last Name First Name Middle Initial

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 Home Phone Cell Email

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 Street Address

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 City State County Zip

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 Date of Birth Age

 Date of Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle One:** I am a legal resident of: **Missouri or Illinois** **or Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Essay (one page only, please attach) describing how you exemplify and embody perseverance, the pursuit of learning, and your future goals.**
2. **Please attach a current photo of the applicant.**
3. **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. An electronic signature will be accepted.

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 Applicant’s Signature Date

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 Parent/Guardian’s Signature (if applicant is under 18) Daytime Phone Date

I agree to contact Friends of Kids with Cancer in the case of taking the semester off, transferring schools, not returning to school, or any other changes regarding schooling.

 [ ]  Yes [ ]  No

**Have you included everything below in one envelope?** **Incomplete applications will not be considered.**

* + Completed application form. (Please complete the Tom Mulvihill application in addition to Mackenzie’s scholarship.)
	+ A one-page essay describing how you exemplify and embody perseverance, the pursuit of learning, and your future goals.
	+ A current photo of the applicant.