



“Tom the Tutor” Mulvihill Scholarship

Friends of Kids with Cancer and the family and friends 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 28, 2021.**

Incomplete applications will not be considered.

Applicant Information

Full Name: _____

Age: _____ **Birth Date:** _____ **Sex:** _____

Parent/ Guardian: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Date of Diagnosis: _____ **Diagnosis:** _____

High School Information

School Name: _____

School Address: _____

City: _____ **State:** _____ **Zip:** _____

Graduation Date: _____ **Graduation GPA:** _____

<u>Dates</u>	<u>Name of School</u>	<u>City/State</u>	<u>Grades Attended</u>	<u>GPA</u>

Letter of Acceptance Information

This application requires a **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: _____

School Address: _____

City: _____ **State:** _____ **Zip:** _____

Reference Letter Information (2 Required)

Please include the **contact information of the individual(s)** who are writing a letter in support of your scholarship application.

1. **Physician/ or Treatment Facility verifying you received treatment.** *(Must be on their letterhead)*

Name: _____

Title & Hospital/ Org Affiliation: _____

Phone: _____ **Email:** _____

2. **Adult Over 21 who is not a relative** *(teacher/professor, guidance counselor, employer, scout leader, mentor, or other)*

Name: _____

Title & Hospital/ Org Affiliation: _____

Phone: _____ **Email:** _____

FOKWC Services Received

Please include **services, programs, or parties** you have attended/ received from FOKWC. *(Feel free to attach a separate page if more space is needed.)*

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Volunteer Work

Include **volunteer work, hobbies, interests, and extra-curricular activities.** *(Be as specific as possible)* Feel free to attach a separate page if more space is needed.

Applicant Essay

Please include a **one page only essay** describing your life experiences, your future goals, and the reasons why you need/deserve this scholarship grant. Within your essay **we ask that you incorporate one short paragraph how FOKWC has helped you through your journey.**

Applicant Picture

Please include a picture that you love of yourself. *(If chosen for this scholarship your picture will be used on our social media announcements as well as the FOKWC website)*

Applicant 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: _____

Parent/ Guardian's Signature (If applicant is under 18): _____

Parent Phone: _____ **Parent Email:** _____

Did you remember?

Have you included everything below in your application envelope? Incomplete applications will not be considered for our scholarships.

- 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.
- One picture of yourself