

Mackenzie Scholarship

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 3. 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 28, 2021**.

Incomplete applications will not be considered.

Applicant Information Full Name: Parent/ Guardian (If Under 18): ______ City: _____ Zip: _____ Phone: _____ Email: ____ Date of Diagnosis: _____ Diagnosis: _____ **High School Information** School Name: School Address: _____ City: State: Zip: Graduation Date: _____ Graduation GPA: _____ **Dates** Name of School City/State **GPA Grades Attended**

Letter of Acceptance Information

•		ter of acceptance on letterhead. Nar college, or vocational technical school	5 · 3	
	School Name:			
	School Address:			
	City:	State:	Zip:	
	Re	eference Letter Information (2	Required)	
Ple	ease include the contact in t	formation of the individual(s) when your scholarship application.	no are writing a letter in support of	
1.	Physician/ or Treatment Facility verifying you received treatment. (Must be on their letterhead			
	Name:			
	Title & Hospital/ Org Affi	liation:		
	Phone:	Email:		
	Adult Over 21 who is not ader, mentor, or other)	<mark>a relative</mark> (teacher/professor. gu	idance counselor, employer, scout	
	Name:			
	Title & Hospital/ Org Affi	liation:		
	Phone:	Email:		
		FOKWC Services Receiv	ed	
	_	orograms, or parties you have atte to attach a separate page if more sp	ended/received from FOKWC. (Feel ace is needed.)	
1.		5		
2.		6		

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.

]	Parent Phone: Parent Email:			
	Did you remember?			
av	ave you included everything below in your application envelope? Incomplete applications will not b 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.			
	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.			