



Tom “The Tutor” Mulvihill Scholarship Spring 2023 – 2024 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.

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 26, 2023**. **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 | () |
| City | School Phone |
| | 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) **Please attach a current photo of the applicant.**

9) **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) | () 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 Mackenzie scholarship application in addition to Tom Mulvihill scholarship.)
- 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.
- A current photo of the applicant.