



Special Love, Inc.'s Kay/Moore Scholarship Fund for Young Adults with Cancer provides educational scholarships to former and current *pediatric cancer patients* pursuing post-secondary education or training and who are or have participated in Special Love programming. Each year, the fund makes grants based on available resources aimed at applicants who have demonstrated a financial need, academic potential and involvement with Special Love programming.

Awards are intended to cover the student's tuition and school fees only.

General Guidelines

Eligibility for a grant is restricted solely to applicants who are, or have been, participants of at least one camp-based program sponsored by Special Love, Inc.

Scholarships are awarded based on the applications the Review Committee determines meets the following criteria:

- Academic Performance and Potential
- Financial Need
- Personal Need, and;
- *The completeness of the application process.*

Awarded scholarships will be sent directly to the post-secondary institution or training facility in which the student enrolls in two equal installments in August and December (unless otherwise requested by recipient).

**Students not enrolled during the current academic year are not permitted to carryover funding for subsequent semesters.

The completed application must be submitted in its entirety no later than Friday, April 16, 2021 to be considered.

Section A – Student Applicant

Please complete this section in its entirety. *Incomplete applications will not be considered.*
(Please type or print)

Student Information:

First Name: _____ Last Name: _____

Permanent Address:

Home Phone: _____ Cell: _____

E-mail Address _____

Social Security # (SSN) _____

Male ___ Female ___

Date of Birth: _____

Primary Diagnosis

_____ Date of Diagnosis: _____

On Treatment: Yes ___ No ___ If *NO*, off Treatment Since _____

Brief Description of Your Treatment and Current Health:

Physician: _____

Treatment Center: _____

Phone: _____

College/University/Trade School Information:

Summarize how this scholarship would help to finance your education at the following post-secondary Educational institution:

Name and address of school:

*(If you have not yet chosen a school, list any that you have applied to. Be aware an award **will not** be provided until a school has been selected, and accepted)*

Student ID # (if different from SSN) _____

Degree and/or Area of Study: _____

Have you applied to the above? Yes ___ No ___ Have you been accepted? Yes ___ No ___

Is this a graduate level program? Yes ___ No ___

When is tuition due at the institution?

Fall Semester Due Date _____ Spring Semester Due Date _____

School cost per credit hour, if possible: \$ _____

Avg. Hours You Plan to take per semester: _____

Are you financially independent and responsible for your own cost of living? Yes ___ No ___

If you answered this question yes, please complete Section B.

Do you live with your parent(s)/guardian(s) when not at school? Yes _____ No _____

If you answered this question yes, your parents/guardians should complete Section B

Section B – Financial Support:

Incomplete info in Section B will adversely affect applicants score.

*Applicants who **live independently**, and will cover their own educational expenses should fill out this section themselves in its entirety.*

Annual Income: \$ _____

List sources of income:

Average monthly expenses:

Rent: _____

Utilities: _____

Car Payment: _____

Insurance: _____

Food: _____

Incidentals: _____

Specify types of scholarships and/or financial aid applied for and received.

Applicants who live at home, their parents should fill out his section in its entirety.

Annual Gross Household Income: \$ _____

Do you own your own home? Yes _____ No _____

If **YES**, what is the value of your home's equity? (market value minus mortgage balance)

\$ _____

List all outstanding debts over \$500:

Will applicant contribute to his/her post-secondary expenses? Yes____ No____

If *YES*, in what way?

Describe any specific information influencing your family's financial need in meeting the applicant's post-secondary educational costs (i.e. future medical bills, other siblings in college, etc.):

Section C – School GPA/SAT/ACT

Please fill out this section, and attach a transcript signed by a school official.*

Grade Point Average (unweighted, based on a 4.0 scale) _____

Applicant's Highest SAT/ACT Scores _____

Transcript Attached: Yes ____ No _____

Signed By: _____

Title: _____

Date: _____

Signature: _____

**School info/transcripts may be high school or most recent college/post sec. class completed.*

If you are still in your first year of college or other post-secondary education, please also include your high school transcript)

Section D – Involvement with Special Love

Applicant, please attach a one-page statement describing why you feel you should be considered for this scholarship, including your association with Special Love. You may also attach additional letters of reference.

*****Applications without a written statement will not be considered*****

Please indicate what Special Love programs you have participated in, and years participated.

___ Camp Fantastic Years: _____

___ Fantastic Friends Years: _____

___ OctoberFest Weekend Years: _____

___ Ski Family Weekend Years: _____

___ Fantastic Winter
Weekend Years: _____

___ YAC Weekend Years: _____

___ Tidewater Weekend Years: _____

___ Reunion Weekend Years: _____

___ Summer Family Day Years: _____

I hereby certify all the information provided in this application is true to the best of my knowledge.

Applicant signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____