



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 scholarship awards 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 scholarship is restricted solely to applicants who are, or have been, participants of at least one camp-based program – either in-person or virtually -- sponsored by Special Love, Inc., and are 18 to 30 years of age.

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 15, 2022** to be considered.

***NOTE: Incomplete applications will not be considered for scholarships.***

**Section A – Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Non-Binary \_\_\_ Date of Birth: \_\_\_\_\_

Primary Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Social Security # (SSN) \_\_\_\_\_

Primary Diagnosis

\_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

On Treatment: Yes \_\_\_ No \_\_\_ If *NO*, off Treatment Date \_\_\_\_\_

Provide a Brief Description of Your Treatment and Current Health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician:

\_\_\_\_\_

Treatment Center:

\_\_\_\_\_

Phone: \_\_\_\_\_

**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) \_\_\_\_\_

Transcript Attached: Yes \_\_\_\_ No \_\_\_\_

If no, will the transcripts be sent by the school directly? Yes \_\_\_\_ No \_\_\_\_

(Transcripts can be emailed to [scholarships@speciallove.org](mailto:scholarships@speciallove.org) )

*School info/transcripts must be for the most recent semester completed. For graduating seniors a high school or undergraduate transcript is acceptable.*

**Special Love Involvement:**

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

In-Person Programming:

\_\_\_\_ 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: \_\_\_\_\_

Virtual Programming:

Please indicate all the virtual programs and activities you participated in.

Camp Fantastic 2020                      \_\_\_\_\_

Camp Fantastic 2021                      \_\_\_\_\_

OctoberFest 2020                      \_\_\_\_\_

OctoberFest 2021                      \_\_\_\_\_

David Tutera Spring Craft                      \_\_\_\_\_

David Tutera Fall Craft                      \_\_\_\_\_

David Tutera Winter Craft                      \_\_\_\_\_

Teen Game Night                      \_\_\_\_\_

Terrain Building                      \_\_\_\_\_



**Section B: College/University/Trade School Information**

Name and address of school to whom you have formally committed and are planning to attend.

OR

If you have not yet chosen a school, list any to which you have applied. **Be aware a scholarship award will not be provided until you have provided evidence of enrollment.**

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Student ID # (if different from SSN) \_\_\_\_\_

Degree and/or Area of Study:  
\_\_\_\_\_

Is this a graduate level program? Yes\_\_\_ No\_\_\_

When is tuition due at the institution?

➤ Fall Semester Due Date \_\_\_\_\_

➤ Spring Semester Due Date \_\_\_\_\_

Tuition cost per semester: \$ \_\_\_\_\_

If not living at home, what is your housing cost per semester? \_\_\_\_\_

Average Number of Credits You Plan to take per semester: \_\_\_\_\_

Total Credit Hours: \_\_\_\_\_

Are you financially independent and responsible for your own cost of living?

Yes\_\_\_ No\_\_\_

*\*If you answered yes, **you** should complete the financial information.*

Do you live with your parent(s)/guardian(s) when not at school?

Yes\_\_\_\_\_ No\_\_\_\_\_

*\*If you answered yes, **your parents/guardians** should complete the financial information.*



**Financial Support:**

***Your application will NOT be reviewed if the information in Section B is incomplete.***

*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:

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Average monthly expenses:

Rent: \_\_\_\_\_

Utilities: \_\_\_\_\_

Car Payment: \_\_\_\_\_

Insurance: \_\_\_\_\_

Food: \_\_\_\_\_

Incidentals: \_\_\_\_\_

List all scholarships and/or financial aid applied for, noting if they have been approved, or not.

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***For applicants who live at home, parents/guardians 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 \$1,000:

Will applicant contribute to his/her post-secondary expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, in what way?

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Describe any specific information ***currently*** influencing your family's financial need in meeting the applicant's post-secondary educational costs (i.e. medical bills, loss of job, family illness, etc.):

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### **Section C – Written Essay**

Provide a one-page essay on how this scholarship award would help to finance your post-secondary education. **NOTE: Applications without a written statement will not be considered**

Essay *must* include;

- 1) Why you feel you should be considered for this scholarship
- 2) Role Special Love played in your treatment and recovery, and;
- 3) Any residual effects from your cancer.
- 4) Your planned educational goals

You may also attach additional letters of reference at your discretion.



I hereby certify all the information provided in this application is true to the best of my knowledge and that my application is complete and meets the requirements as stated in the application process.

Applicant signature:

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Date: \_\_\_\_\_

Parent/Guardian Signature:

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Date: \_\_\_\_\_