

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, and are **ages 17 to 25.**

Each year, the fund awards scholarships to 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 Special Love in-person or camp-based program, or participated in a minimum of three (3) virtual programs.**

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***.

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 carry scholarships over for subsequent semesters.

The completed application must be submitted in its entirety no later than **Friday, April 14, 2023** to be considered, along with a current photo of the applicant.

**Section A – Student Applicant**

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

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

Permanent Address:

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

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

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

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

Male\_\_\_\_ Female\_\_\_\_ Non-Binary \_\_\_\_

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:

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

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Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Section B – Applicant School Information**

**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@specialove.org )

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

**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 D.

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 D

**Section C – 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 Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Weekend

\_\_\_\_\_ YAC Weekend Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Tidewater Weekend Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Reunion Weekend Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Summer Family Day Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Virtual Programs – Please list those you participated in.

**Section D – 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:

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

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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 this section in its entirely.***

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)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide list of all outstanding debts over $500:

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

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

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

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

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

If ***YES***, in what way? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.):

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

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