



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:

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:

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@speciallove.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
Weekend Years: _____

____ 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:

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 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)

\$ _____

Provide list of 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.):



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: _____