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: __________________

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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 Weekend Years: ______________________
____ YAC Weekend Years: _________________________________
____ Tidewater Weekend Years: ___________________________
____ Reunion Weekend Years: ____________________________

January 2023
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: __________________________