



2013 – 2014 Application Form For All Applicants

Young Survivors' Scholarship Program

530 Maryville Centre Dr. LL5

St. Louis, MO 63141

(314) 275-7440 Fax (314) 275-7446

This form can be photocopied. This form by itself is not a complete application packet. Applications must be postmarked by or before **June 15, 2013**. **Incomplete applications will not be considered.**

1) Applicant

Last Name		First Name		Middle Initial
()		()		
Home Phone		Fax – if available		Email
Street Address				
City	State	County	Zip	
Date of Birth	Age	Social Security Number		
Date of Diagnosis	Diagnosis			

Circle One: I am a legal resident of: **Missouri or Illinois.**

2) High School

School Name	Graduation Date
School Street Address	City State Zip

Other Schools – Please list additional schools of higher education attended.

<u>Dates</u>	<u>Name of School</u>	<u>City/State</u>	<u>Grades Attended</u>	<u>GPA</u>

3) Letter of Acceptance, on letterhead

Name of accredited university, graduate school, college, community college, or vocational technical school to which you have been accepted:

School Name	Student I. D. Number	
School Street Address	() School Phone	
City	State	Zip

4) Letters of Reference (2)

Include the contact information of the individuals who are writing letters in support of your application. **Please Print.**

A) Physician or Treatment Facility (*Must be on their letterhead*)

Title	Name (first & last)	
Affiliation (hospital, organization, etc)	() Phone	() Fax

B) Adult Over 21 who is not a relative (teacher/professor, guidance counselor, employer, scout leader, mentor, other)

Title	Name (first & last)	
School, Organization, Other	() Phone	() Fax

5) Hobbies, interests, extra-curricular activities. Attach extra sheet, if needed.

6) Signature

The information on this form & contained in the application package is true & correct to the best of my knowledge as evidenced by these signatures.

Applicant's Signature	Date	
Parent/Guardian's Signature (if applicant is under 18)	() Daytime Phone	Date

Have you included everything below in one envelope? Incomplete applications will not be considered.

- Completed application form.
- Two recommendations; one from a physician (on his/her letterhead) verifying diagnosis and one from an adult age 21 or older who is not a relative.
- An acceptance letter from a scholastic institution on letterhead.
- An official transcript of academic records from high school or college, whichever is applicable. Some institutions require the transcript be mailed directly to our office; please indicate if that is applicable in your case.
- A one page essay describing your life experiences, your future goals, and the reasons why you need this scholarship grant.



7) Essay (one page) describing your life experiences, your future goals, and the reasons why you need this scholarship grant.