



**2014 – 2015 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, 2014**. **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) Volunteer work (please be specific), hobbies, interests, and 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 only) describing your life experiences, your future goals, and the reasons why you need this scholarship grant.**