

## **The 2018 Breast Cancer Awareness—Cumberland Valley Scholarship Fund Application**

### **Overview**

The Breast Cancer Awareness—Cumberland Valley Scholarship Fund is a regional fund established by Breast Cancer Awareness—Cumberland Valley, Inc. (BCA—CV) to aid individuals living in Western Maryland, Eastern Panhandle of West Virginia and Franklin and Fulton Counties of Pennsylvania whose lives have been impacted by breast cancer through having yourself, parent, relative, or friend diagnosed with breast cancer or who have lost a parent, relative, or friend to breast cancer.

Applications must be post marked on or before April 13, 2018. Any application received after this date will not be considered.

### **Criteria:**

1. Students must have been impacted by breast cancer.
  2. Student must be accepted as a full time or part time student at an accredited 2 or 4 year college or university.
  3. Student essays, grades (a minimum GPA of 2.0 is required), financial need and the recommendation will all be considered in awarding this scholarship.
- Please print or type **one entire** application. **An additional five complete copies must be submitted for a total of SIX complete applications including financial information. Incomplete applications will not be considered.**
  - Essays shall be double-spaced using Times Roman 12 point font on a separate page **and must be included** with the scholarship application. Previous BCA—CV scholarship winners **do not** need to write an essay but must include an updated biography.
  - Please include **one photo** of yourself for identification purposes only.

Breast Cancer Awareness—Cumberland Valley, Inc. shows no bias toward applicants of any particular race, religion or gender, none of which will be considered in choosing scholarship recipients. Evidence of financial need for college expenses strongly recommended.

Scholarships will be awarded by Breast Cancer Awareness—Cumberland Valley, Inc. Every effort will be made to notify scholarship recipients by May 14, 2018. **Students must accept or reject their scholarship by returning the acceptance letter by May 31, 2018 and winners are required to attend the scholarship presentation held in June. Failure to do so will result in a loss of scholarship.**

Scholarship awards will range in amounts from \$500 to \$2000. Scholarship Committee reserves the right to designate award amounts. Scholarships will be paid directly to the university or college to which the student is enrolled.

**ALL PREVIOUS SCHOLARSHIP WINNERS MAY REAPPLY BY SUBMITTING A COMPLETED APPLICATION ALONG WITH AN OFFICIAL TRANSCRIPT OF YOUR FIRST SEMESTER GRADES, UPDATED STUDENT BIO, THE STUDENT FEDERAL TAX FORM AND PARENT FEDERAL TAX FORM IF APPLICANT IS LISTED AS A DEPENDENT BY THE DEADLINE OF APRIL 13, 2018 FOR CONTINUED CONSIDERATION FOLLOWING THE ABOVE LISTED CRITERIA. NO ESSAY IS REQUIRED FOR REAPPLICATION.**

The spouse, parents and grandparents, children and grandchildren, brothers and sisters, mother in law and father in law, brothers in law and sisters in law, daughters in law and sons in law, adopted, half, and step members of BCA—CV Board of Directors, BCA—CV staff and Scholarship Committee Members are ineligible.

## How to Apply

Fill out the following application completely and include all attachments requested. **It is suggested that the application be reviewed by a parent or guidance counselor to determine all required information is being provided prior to submittal. Please staple and collate all information into SIX (6) individual packets.** The applicant should mail the completed application and attachments to the address below.

### I. Scholarship Application

### II. Academic Performance

Attach or have your school send **one (1) official copy** of your current transcript showing your overall grade point average based on the 4.0 GPA scale.

### III. Information Packages

Include with your application **SIX (6)** collated and stapled information packages which **includes a copy of each of the following – application form, student bio, student essay, letter of recommendation, and financial income information.** Include **one photo** of yourself for identification purposes only.

#### A. Student Essay

This scholarship provides an excellent opportunity for college-bound students to give thoughtful consideration to the impact that breast cancer has had on their life and the lives of their family members and friends. Essays shall be double-spaced using Times Roman 12 point font size.

Students are required to submit a **250 word bio** and write a **1,500 to 2,000 word essay** that answers the following questions:

- 1. How has breast cancer changed or impacted your life?*
- 2. What have you learned about yourself, your family and /or your community in the face of coping with breast cancer?*
- 3. What are your goals?*

#### B. Letter of Recommendation

One letter of recommendation from a teacher, employer, counselor or principal who knows you well.

#### C. Photograph

Include one photo of yourself for identification purposes only.

#### D. Income Information

Most recent copy of student federal income tax form and the parent federal income tax forms if applicant is listed as a dependent. (Five copies)

For more information contact the Breast Cancer Awareness—Cumberland Valley office at 301-791-5843.

**Mail completed application to address listed below by April 13, 2018**

**Breast Cancer Awareness—Cumberland Valley  
12916 Conamar Drive, Suite 201  
Hagerstown, MD 21742**

## Scholarship Fund Application Form

### **Student Information**

Student Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State – Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender Male/Female \_\_\_\_\_  
U.S. Citizen \_\_\_\_\_

### **Parent or Guardian Information**

Parent or Guardian Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State – Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_

### **Sibling Information (list all – use the back if more space is needed)**

Name \_\_\_\_\_  
Age \_\_\_\_\_

### **Where did you receive the application?**

\_\_\_\_\_

### **Student Education Information**

High School or College Currently Attending \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State – Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Graduation Date \_\_\_\_\_  
Honors \_\_\_\_\_  
Extracurricular Activities \_\_\_\_\_  
Offices Held \_\_\_\_\_  
College or University you plan on attending \_\_\_\_\_  
Major \_\_\_\_\_

## **Signature Page**

By applying for this scholarship students agree to give the Breast Cancer Awareness—Cumberland Valley Scholarship Fund permission to use student's name, pictures of themselves and family members and essay information on the official website at: [www.bcacv.org](http://www.bcacv.org) and promotional materials.

## **Student and Parent Affirmation**

Both student and parent or guardian must read the following statement and sign as indicated.

We affirm that the information provided on this application is accurate to the best of our knowledge. We understand misrepresentations may constitute fraud which may result in the loss of eligibility of this scholarship or have other legal consequences. We give permission for the Selection Committee of the Breast Cancer Awareness—Cumberland Valley Scholarship Fund to review student transcripts and other personal information

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**Applicant Signature**

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**Print Name**

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**Date**

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**Parent or Guardian Signature**

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**Print Name**

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**Date**