

# #KCFCFA

# Scholarship

# Application



**Applicant Name:**

**Date:**

**Address:**

**Email:**

**Phone:**

**County of Residence:**

**Date of Birth:**

**Current School:**

**Expected Date of Graduation:**

**Please describe any experience you have with volunteering for childhood cancer causes:**

**Post-secondary institution attending:**

**Student I.D. (if known):**

**Please provide copies of the following documents:**

- High school transcript
- ACT or SAT results if required by your college for acceptance
- Confirmation of college enrollment in a US accredited undergraduate institution or technical trade school
- Approximate tuition of above institution, provided on institution's letterhead
- Letter from your healthcare provider confirming your cancer diagnosis or that of your sibling
- Two letters of recommendation from non-family members
- 250-500 word essay describing what you want the scholarship committee to know about you, your plans for post-secondary study and beyond

I certify that if I am the recipient of a KCFCFA scholarship that I give permission for KCFCFA to share my name and picture

**Signature:**

**Print, sign or digitally sign form. Email completed form and additional documents to [KCFCFAemail@gmail.com](mailto:KCFCFAemail@gmail.com)**