

Scholarship application

Thank you for your interest in applying to the ELEPHANTS NEVER FORGET scholarship fund

*The applicant must be a **pediatric cancer survivor, current cancer patient diagnosed before the age of 21 or the siblings or parent of a pediatric cancer survivor or patient.**

*Money will be paid to the third party designated on your application form

*Completed applications and documentation should be submitted by May 1st of the application year.

*Please return applications to

Melissa Lopez
10 Windsinger Ct
Tomball TX 77375

If you have any question regarding the completion of this application, please e-mail Melissa Lopez at lopez1tex@gmail.com

Application Form

General Information

Name _____

Age: _____

Address: _____

Phone Number: _____

EDUCATION

High School: _____

Address: _____

High school GPA: _____

University or college: _____

Address: _____

Upcoming academic year: Freshman Sophomore Junior Senior

College GPA: _____

Degree Expected: _____

Expected year of graduation: _____

Please include list of classes that you will expect to take in the upcoming academic year.

Please list any previous volunteer work

Medical Information:

I have been diagnosed with childhood cancer

My brother/sister has been diagnosed with childhood cancer

My child has been diagnosed with childhood cancer

Name of attending Physician: _____

Name of Hospital: _____

Diagnosis: _____

Age at Diagnosis: _____

NOTE: Medical information will remain confidential and will not be share with third parties.

Checklist:

_____ Application

_____ Two letters of recommendation (one must be from a teacher) that tell us why you should receive this scholarship

_____ Letter from attending Physician verifying your (or sibling or child) medical history and current medical situation

_____ Essay (500-1000 words). The essay should answer the following question: "How has cancer diagnosis affected your family and why have you chosen to become a nurse?"

_____ Release from you (and your parent if a minor), agreeing to have your name and photo published in the Big Love website as a recipient of the scholarship.

_____ Submit application by May 1st