

**MARYELLEN LOCHER FOUNDATION SCHOLARSHIP  
RENEWAL - RECIPIENT APPLICATION FORM**

**Overview**

The MaryEllen Locher Foundation is a national fund which provides scholarships for undergraduate education to students who have lost a parent to breast cancer and students of breast cancer survivors.

Applications due on or before January 15 each year

- In order for a student to be eligible for this scholarship the applicant must meet the following criteria:
  1. Student must have lost a mother (parent) to either breast cancer, or complication resulting from breast cancer, or have a mother who has survived breast cancer.
  2. Student must be accepted as a full time enrollee at an accredited 2 or 4 year college or university.
  3. Student essays, grades, and financial need will all be considered in awarding this scholarship.
- Please print or type entire application. Incomplete applications cannot be considered.
- Essays shall be typed on a separate page, but must be attached to the scholarship form.
- Please include a photograph of yourself for identification purposes only. Applicants are also encouraged but not required, to provide a picture of them with their parent with breast cancer as these scholarships are intended to honor these parents.

According to the terms of this scholarship, students shall be selected on the basis of eligibility and essays. Grades and financial need may be considered.

The Foundation shows no bias toward students of any particular race, religion or gender, none of which will be considered in choosing scholarship recipients.

Scholarships will be awarded in May of each year. We will make every effort to notify scholarship recipients as possible. Students must accept or reject their scholarship in writing within 10 days of receiving this notice. Failure to do so will result in a loss of scholarship.

Scholarship recipients are required to participate in at least one breast cancer awareness project during their scholarship school year. Recipients may complete this requirement on their own or join with the MaryEllen Locher Foundation or other organizations in fulfilling this requirement.

All scholarships are ***renewable annually*** for a total of four years based on satisfactory progress toward a degree.

**YOU MUST RE-APPLY EACH YEAR!**

**How to Apply**

Fill out the attached application completely and include all attachments requested. Please collate all submissions into 6 individual packets. Keep this packet for future reference and mail the completed application to:

MaryEllen Locher Foundation  
Scholarship Committee  
PO Box 4032  
Chattanooga, TN 37405

Scholarship Recipient's Application

All applicants who have previously been awarded a scholarship through the MaryEllen Locher Foundation must complete the following application form.

### Recipient Essays

Copies Required: 6

Attach three (3) typed essays, all of them with your name on them, on separate pages, and each up to two (2) brief paragraphs in length describing:

- How did receiving this scholarship affect you and your family? This essay is required by all recipient applicants.
- Describe the breast cancer awareness project you participated in this year to fulfill your scholarship requirement. This essay is required by all recipient applicants.

#### **Also choose one (a) of the following topics:**

- What has receiving this scholarship meant to you personally?
- How did the breast cancer awareness project you participated in this year impact your life and the lives of others?
- What do you prize more now than before this experience?

### Letter of Recommendation

Copies Required: 6

Attach one letter of recommendation from a teacher, counselor or principal who knows you well.

### Academic Performance

Copies Required: 1

Attach a copy of your high school or current college transcript showing your overall grade point average.

### Photographs

Copies Required: 6

You are welcome to include a photograph or photographs with your application.

### Additional Information

For more information call 423/490-4555

One more time! Please remember to attach six (6) copies of three (3) essays and one (1) letter of recommendation as well as one (1) copy of one (1) transcript, and six (6) copies of all pictures with your signed application.

**MARYELLEN LOCHER FOUNDATION SCHOLARSHIP  
Application Form**

**Student Information**

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Students Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State - Zip Code \_\_\_\_\_  
  
Phone Number \_\_\_\_\_  
  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender Male / Female  
U.S. Citizen Yes / No

**Parent or Guardian Information**

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

**Sibling Information**

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

**Personal Reference Information**

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Personal Reference Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State - Zip Code \_\_\_\_\_  
  
Phone Number \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

**Student Education Information**

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College Attending \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State - Zip Code \_\_\_\_\_  
  
Phone Number \_\_\_\_\_  
  
Graduation Date \_\_\_\_\_  
Honors, Extracurricular Activities & Offices  
Held \_\_\_\_\_

**Signature Page**

By applying for this scholarship students agree to give the MaryEllen Locher Foundation permission to use students' name, pictures of themselves and family members, and essay information on the MELF website and promotional materials.

**Student & 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 MaryEllen Locher Foundation to review student transcripts and other personal information.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**