

## MaryEllen Locher Foundation® Scholarship Fund

### Application Form

#### Overview

The MaryEllen Locher Foundation® Scholarship Fund is a national fund established by a mother and Breast Cancer survivor who once worried about her own child's education to provide scholarships for secondary education especially to children who have lost a parent to breast cancer and children of breast cancer survivors.

#### Applications due on or before February 15, 2008

- 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 MaryEllen Locher 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 by May 1, 2008. We will make every effort to notify scholarship recipients by May 1st. 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.

Please note: All scholarship recipients **MUST** reapply each year - scholarships, unless stated differently, are for one year only.

## **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®**

c/o Laurie Richardson  
3070 Stage Run  
Hixson TN 37343

### Scholarship Application

All applicants must complete the following application form.

### Student 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 will this scholarship affect you and your family? This essay is required by all applicants.

Also choose two (2) of the following topics:

- How has the instance of cancer in your parent impacted your life?
- What was your biggest adjustment since your parent's battle with cancer began/ended?
- What have you learned from this experience and how might you help others because of it?
- 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, contact MaryEllen Locher Foundation® representatives Laurie Richardson at (423) 842-3329.

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 Fund  
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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High School or 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® Scholarship Fund permission to use students' name, pictures of themselves and family members, and essay information on the official website at: [www.ChildrenofBreastCancer.org](http://www.ChildrenofBreastCancer.org) 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® Scholarship to review student transcripts and other personal information.

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Parent or Guardian Signature**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**