



Special Love, Inc.'s Kay/Moore Scholarship Fund for Young Adults with Cancer fund provides an opportunity to young people who have undergone treatment for cancer with an opportunity to pursue post-secondary education or training. The fund makes grants based on available resources and is aimed at applicants with demonstrated financial need and academic potential.

General Guidelines

1. Eligibility is restricted to applicants who are, or have been, participants of at least one camp-based program sponsored by Special Love, Inc. (YAC, Camp Fantastic, etc.) Participation in Special Love programs is *mandatory* for consideration.
2. Applications will be scored based on the following criteria: financial need, academic potential, special circumstances, and *completeness of application*. Remember: members of the selection committee may have no prior knowledge of you or your situation.
3. Scholarship funds will be sent directly to the post-secondary institution or training facility in which the student enrolls. Awards will be sent in two equal installments and will be mailed directly to the recipient's school in August and December (unless otherwise requested by recipient). ****Students not enrolled during current award year cannot carryover funding for subsequent semesters.**
4. Awards are intended to cover tuition and school fees only.
5. Past award recipients must reapply for the coming year and must supply current academic information (Section C).
6. **Application must be completed and submitted in its entirety to be considered by submission deadline.**
7. **Applications are to be received no later than Monday, April 1, 2019 to be considered.**

Special Love, Inc.
Kay/Moore Scholarship Fund for Young Adults with Cancer

Section A - Student Applicant

Please complete this section in its entirety. Incomplete applications will not be considered.

(Please type or print)

First Name: _____ Last Name: _____

Social Security # (SSN) _____

Student ID # (if different from SSN) _____

Male____ Female____ Date of Birth: _____

E-mail Address: _____

Permanent Address:

Telephone: _____

Cell: _____

School/Work Phone: _____

Primary Diagnosis _____

On/Off Treatment Since _____ (circle one)

Physician: _____

Phone: _____

Treatment Center: _____

Phone: _____

Summarize how this scholarship would help to finance your education at the following post-secondary Educational institution:

(List full name and address of college/university/trade school/other and your student ID# above (if different for each school). If you have not yet chosen a school, list any you are considering, but be aware award will not be sent until a school has been selected.)

Have you applied to the above? Yes___ No___

Have you been accepted? Yes___ No___

Is this a graduate level program? Yes___ No___

When is tuition due at the institution?

Fall Semester Due Date _____ Spring Semester Due Date _____

List your school's cost per credit hour, if possible: \$_____

Avg. Hours You Plan to take per semester: _____

Do you live with your parent(s)/guardian(s) when not at school? Yes___ No___

If Yes, ask your parent(s)/guardian(s) to fill out Section B.

NOTE: Incomplete information in Section B will adversely affect your score.

If No, how long have you lived independently? _____

Will your parents contribute to your school expenses? Yes _____ No _____

Will you contribute to your school expenses? Yes _____ No _____

If so, what is the source/amount of your income? (specify type of employment and/or other scholarships and financial aid)

Section B - Parent(s) / Guardian(s)

Applicants who will cover their own educational expenses should check here and fill out this section themselves.

Please fill out this section in its entirety. Incomplete information will adversely affect the student's application.

Annual Gross Household Income: \$_____

List any other sources of income. (Please include other anticipated scholarships):

Do you own your own home? Yes _____ No _____

If yes, what is the value of your home's equity? \$_____

(market value minus mortgage balance)

Describe any outstanding debts:

Will applicant contribute to his/her post-secondary expenses? Yes____ No____

If yes, in what way?

Describe any specific information impacting your family's financial need in meeting the applicant's post-secondary educational costs (i.e. future medical bills, other siblings in college, etc.):

Section C - School Official

Please fill out this section, and attach a transcript and/or have a school official sign below.*

Grade Point Average (unweighted, based on a 4.0 scale) _____

Rank in Class _____ Size of Graduating Class _____

Applicant's Highest SAT/ACT Scores _____

This information has been filled out by the following school official (school official's signature required):

Name _____

Title _____

Date _____

**School info/transcripts may be high school or most recent college/post sec. class completed. If you are still in your first year of college or other post-secondary education, please also include your high school transcript)*

Section D - Applicant

Applicant, please attach a one-page statement describing why you feel you should be considered for this scholarship. You may also attach additional letters of reference.

Applications without a written statement will not be considered.

You must reference your association with Special Love in your cover letter and briefly describe it here:

I hereby certify that the above information is true to the best of my knowledge.

Applicant signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Please call Special Love at 1-888-930-2707 if you have any questions or need further information.