

Carolyn Adams



Breast Cancer Foundation, Inc.
www.whatifacure.org



WHAT IF...CAROLYN Y. ADAMS BREAST CANCER FOUNDATION

SCHOLARSHIP POLICY

Application Form

Overview

The **WHAT IF...CAROLYN Y. ADAMS BREAST CANCER FOUNDATION, Inc.** was established by the family of **CAROLYN Y. ADAMS**. An advocate “ANGEL” of Breast Cancer who expressed her concerns about her own son (Tre’s) education. The fund will provide scholarships for undergraduate students:

- Who have lost a mother/parent and or legal guardian to Breast Cancer; or
- Who themselves have been diagnosed and/or treated for Breast Cancer.

Completed Applications must be postmarked and mailed by June 30th, 2017 to:

WHAT IF...CAROLYN Y. ADAMS BREAST CANCER FOUNDATION, INC.
SCHOLARSHIP PROGRAM P.O. BOX 439239
CHICAGO, IL. 60643

In order for a student to be eligible for this scholarship the applicant must meet the following criteria:

- Student must have lost a mother, parent or legal guardian to either Breast Cancer, or complications resulting from Breast Cancer.
- Student diagnosed and treated for Breast Cancer.
- Be a high school graduate, a high school student who will graduate by June 30th, 2017 or have received the equivalent of a high school diploma.
- Student must be accepted as a full time enrollee at an accredited 2 or 4 year college, university or vocational school.
- Current college students are eligible. Have a college GPA of 2.5 on a 4.0 scale (if already attending college).
- Be no older than 25 years old by June 30th, 2017.
- Be a resident of the state of Illinois residing in one of the following counties: Cook, Dupage, Lake or Will County
- Be a U.S. citizen, or documented permanent resident of the U.S.
- Never at any time have been subject to any disciplinary action by any institution or entity, including, but not limited to, any educational or law enforcement.

Student essays, grades, and financial need will all be considered in awarding this scholarship.

- Please print or type one entire application. Incomplete applications cannot be considered.
- Essays shall be typed on a separate page, but must be included with the scholarship form.
- Please include one (1) photograph (3x5) of yourself for identification purposes only.

According to the terms of this scholarship, students shall be selected on the basis of eligibility and essays. Grades (a minimum GPA of 2.5 is required) and financial need is considered

**WHAT IF...CAROLYN Y. ADAMS BREAST CANCER
FOUNDATION SCHOLARSHIP ®**

The **WHAT IF...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 July 30, 2017. 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 amounts will average \$500.00 - \$1,000 for the academic year. The recipients of these scholarships will be chosen by "WHAT IF's selection committee and will be based on a personal essay, a letter of recommendation (not from a parent), financial need and academic achievement. Funds may be used towards tuition, room and board, supplies and books and other expenses incurred during the semester scholarship is awarded.

Recipients **MUST** reapply each year - scholarships, unless stated differently, are for one year only.

**ALL PREVIOUSLY AWARDED SCHOLARSHIP RECIPIENTS MUST REAPPLY BY
THE DEADLINE**

WHAT IF...CAROLYN Y. ADAMS BREAST CANCER FOUNDATION

How to Apply

Fill out the following application completely and include all attachments requested. **Please staple and collate all information packages into 2 individual packets.** The applicant should mail the completed application and attachments to the address below. Keep one full copy of this application for future reference.

Scholarship Application

All applicants must complete **one (1)** copy the following application form.

I. **Academic Performance**

Attach or have your school send **one “official copy”** of your current transcript showing your overall grade point average based on a 4.0 GPA scale.

II. **Information Packages**

Include with your application **two (2)** collated and stapled information packages which include one copy of each of the following.

III. **Student Essays**

One (1) typewritten essay is required by each applicant. Your full name should be included at the top of each page.

The **essay topics** (required of all applicants) must be a **minimum of two (2) pages** (typed and double space) which describes, (choose those that apply):

1. **“How will this scholarship affect you and your family?”**
2. **“How has the instance of Cancer impacted your Life, and or the life of your mother/parent or legal guardian?”**
3. **“What was your biggest challenge in your battle with Cancer?”**
4. **“What was your biggest challenge with your mother/parent/ legal guardian’s battle with Cancer?”**
5. **“What have you learned from this experience and how might you help others because of it?”**
6. **“What do you value more now than before this experience?”**

IV. **Letter of Recommendation**

Three (3) letters of recommendation from a teacher, counselor, principal, professional or spiritual advisors. One (1) letter from your Medical Physician treating your diagnosis of Breast Cancer.

V. **Photographs**

Please include one (1) photograph (3x5) of yourself for identification purposes only.

WHAT IF...CAROLYN Y. ADAMS BREAST CANCER FOUNDATION

Application Form

Student Information

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 legal Guardian Information

Parent or legal Guardian Name

Street Address

City - State - Zip Code

Phone Number

Sibling Information

Name

Age

Personal Reference Information

Personal Reference Name

Street Address

City - State - Zip Code

Phone Number

Relationship to Student

WHAT IF...

CAROLYN Y. ADAMS BREAST CANCER FOUNDATION SCHOLARSHIP

Student Education Information

High School or College Attending

Street Address

Phone Number

City, State, Zip Code

Graduation Date

Honors, Extracurricular Activities
& Offices Held

SIGNATURE PAGE

By applying for this scholarship students agree to give the **WHAT IF...CAROLYN Y. ADAMS BREAST CANCER FOUNDATION SCHOLARSHIP FUND** permission to use students' name, pictures of themselves and family members, and essay information on the official website at: www.whatifacure.org and promotional materials.

Student & Parent Affirmation

Both student and parent or legal 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 **WHAT IF...CAROLYN Y. ADAMS BREAST CANCER FOUNDATION SCHOLARSHIP** to review student transcripts and other personal information.

Applicant Signature

Print Name

Date

Parent or Legal
Guardian Signature

Print Name

Date