#### MARY E. SMITH (M.O.M.) FOUNDATION, INC./MEMORIES OF MARY 20650 S. Cicero Avenue #827 Matteson, IL. 60443 www.maryesmithfoundation.org

## SCHOLARSHIP AWARD APPLICATION

Eligibility: All applicants must be U.S. residents.

## > A. Excellence in Academics and Community Service Award

- Must be a brain tumor patient/survivor or closely related to someone diagnosed with a brain tumor. *Relationships are limited to spouse, biological children, biological parents, biological siblings.*
- Must be entering or currently enrolled in an advanced educational program at a college, university, vocational school or other setting within the fifty United States or District of Columbia.
- Must have at least a GPA of 3.0/4.0 or a 4.0/5.0.
- Rank in top half of class and have at least an SAT score of 1000 or an ACT of 21.
- Demonstrate strong leadership and service in their community.

### **>** B. Excellence in Science and Medicine Award

- Must be entering or currently enrolled in an advanced educational program within the health sciences (including biology, chemistry, nursing, etc.) with the intent to enter the field of oncology or neurology (including neuroscience, neurosurgery, and neuropathology) at a college or four-year university within the fifty United States or District of Columbia.
- Must have a GPA of 3.0/4.0 or 4.0/5.0.
- Must have three (3) years of science courses with a minimum grade letter of B in each course.
- Rank in the top half of class and have at least an SAT score of 1000 or an ACT of 21.

## > C. The Karen Lewis CTU-CPS Excellence in Science Award

- Created in honor of Chicago Teachers Union (CTU) President Karen Lewis.
- Must be a current student or graduate of a Chicago Public School (CPS).
- Must be entering or currently enrolled in an advanced educational program within the health sciences (including biology, chemistry, nursing, etc.); pursuing a technical certification, associate or bachelor level degree; with an emphasis in science and/or screening and research in the areas of oncology or neurology (including neuroscience, neurosurgery, and neuropathology) at a college or fouryear university within the fifty United States or District of Columbia.
- Must have a GPA of 3.0/4.0 or 4.0/5.0.
- Must have three (3) years of science courses with a minimum grade letter of B in each course.
- Rank in the top half of class and have at least an SAT score of 1000 or an ACT of 21.

### **SCHOLARSHIP AWARD APPLICATION**

Choose one:

□ Excellence in Academics and Community Service Award □ Excellence in Science and Medicine Award □ Karen Lewis CTU-CPS Excellence in Science Award

	st Mi	Middle Las		last
Adross				
Street		City	State	Zip code
Telephone: ( )	OR( )	Email:		
Are you currently enro	olled in High School?	If yes, when wil	l you graduat	e?
High School Name:				
Phone:				
Address	City		State	Zip
High school GPA:	ACT/SAT Score(s)	Major:		
College/University Nar	ne:			
Phone:				
Address	City		State	Zip
Expected Date of Entr	y:			
College GPA:	Major:			
	internet copy of your latest acade cial transcript may be requested .M.) Foundation, Inc./Memories	in the future. If sele of Mary with proof	cted as an award of registration fr holarship qualifica	recipient, I mus om the college o
provide Mary E. Smith (M.O university in which I have en that the information I have prov Foundation, Inc./Memories of M	nrolled. Furthermore, I have read ided is true. If selected as an award Aary with proof of registration from t	recipient, I must provid		
provide Mary E. Smith (M.O university in which I have en that the information I have prov	ided is true. If selected as an award	recipient, I must provia the college or university	v in which I have e	

Parent Signature\_\_\_\_\_

## **SCHOLARSHIP AWARD APPLICATION**

For Scholarship A. Excellence in Academics and Community Service Award ONLY.

•	Applicant Relationship	to Patient/Survivor_			
•	Type of Tumor				
•	Date of Diagnosis				
•	Hospital/Medical Facility Name (the facility that made the diagnosis)				
	Facility Address	City	State	Zip	
	Phone:				

## **SCHOLARSHIP AWARD APPLICATION**

Applicant's Name (print):\_\_\_\_\_

## Extra-Curricular Activities/Community Involvement

In each category below list areas of participation. (Attach a separate sheet if necessary.)

Name of All Clubs/Organizations/Committees	Leadership Position (chairperson, president, etc.)	Year of Participation

Name of All Honors, Awards and Special Recognitions	Year Received

Your Community Work and/or Volunteer Activities (Please include City and State. Attach a separate sheet if necessary.)	Length of Time (Month/Year to Month/Year)

#### **SCHOLARSHIP AWARD APPLICATION**

Applicant Name:

## **Essay Question**

Please answer in 1500 words or less. Your response should be typed and double spaced. (Attach a separate sheet if necessary.)

May E. Smith (M.O.M.) Foundation, Inc./Memories of Mary has taken positive stands on important issues affecting the community and takes pride in working for the betterment of all people. Select a current issue important to you and discuss how your education will allow you to make an impact on that issue.

## MARY E. SMITH (M.O.M.) FOUNDATION, INC./MEMORIES OF MARY Scholarship Award Application

Applicant's Name (print):

## **Reference and Rating Form**

To be completed by Guidance Counselor, Principal, Professor/Teacher or President/Dean of College. Please attach an official copy of the student's transcript.

Applicant's rank in class: \_\_\_\_\_ of \_\_\_\_ Current G.P.A.: \_\_\_\_ Cumulative G.P.A.: \_\_\_\_\_

 How long have you known the applicant?

 What is your relationship to the applicant?

Please check one rating in each category to assess the following qualities of the applicant.

5-Exceeds Expectation 4-Above Average 3-Average 2-Below Average 1-Don't Know

	5	4	3	2	1
Capacity for learning					
Attitude towards work (Work Ethic)					
Cooperativeness					
Leadership abilities					
Is dependable and responsible					

Additional Comments:

Please attach a letter of recommendation evaluating your assessment of the applicant's participation in school and the community in terms of work, service, leadership, other skills and outstanding recognition.

# Please check recommendation: Recommend Strongly Recommend Recommend with Reservations Do Not Recommend

Name (print):			
Signature:			
Title:Organization:			
Address:			
Street	City	State	Zip code