

The 2019 Breast Cancer Awareness—Cumberland Valley Scholarship Fund Application

Overview

The Breast Cancer Awareness—Cumberland Valley Scholarship Fund is a regional fund established by Breast Cancer Awareness—Cumberland Valley, Inc. (BCA—CV) to aid individuals living in Western Maryland, Eastern Panhandle of West Virginia and Franklin and Fulton Counties of Pennsylvania whose lives have been impacted by breast cancer through having yourself, parent, relative, or friend diagnosed with breast cancer or who have lost a parent, relative, or friend to breast cancer.

Applications must be emailed or post marked on or before April 12, 2019.
Any application received after this date will not be considered.

Criteria:

1. Students must have been impacted by breast cancer.
2. Student must be accepted as a full time or part time student at an accredited 2 or 4 year college or university.
3. A minimum GPA of 2.0 is required.

Breast Cancer Awareness—Cumberland Valley, Inc. shows no bias toward applicants of any particular race, religion or gender, none of which will be considered in choosing scholarship recipients. Evidence of financial need for college expenses strongly recommended.

Scholarships will be awarded by Breast Cancer Awareness—Cumberland Valley, Inc. Every effort will be made to notify scholarship recipients by May 13, 2019. **Students must accept or reject their scholarship by returning the acceptance letter by May 31, 2019 and winners are required to attend the scholarship presentation held on June 11, 2019 at 5:00pm. Failure to do so will result in a loss of scholarship.**

Scholarship awards will range in amounts from \$500 to \$2000. Scholarship Committee reserves the right to designate award amounts. Scholarships will be paid directly to the university or college to which the student is enrolled.

The spouse, parents and grandparents, children and grandchildren, brothers and sisters, mother in law and father in law, brothers in law and sisters in law, daughters in law and sons in law, adopted, half, and step members of BCA—CV Board of Directors, BCA—CV staff and Scholarship Committee Members are ineligible.

How to Apply

All previous BCA-CV Scholarship winners may reapply using the same requirements below.

It is suggested that the application be reviewed by a parent or guidance counselor to determine all required information is being provided prior to submittal.

Please email your completed application with all supporting documents and *BCA-CV Scholarship Application* in the subject line to: callie@bcacv.org. The applicant may choose to mail the completed application and attachments to the address below.

All Applicants must submit the following:

I. Scholarship Application

II. Academic Performance

Have your school send **one (1) official copy** of your current transcript showing your overall grade point average based on the 4.0 GPA scale. Transcripts can be sent in the mail (Address below) or via email to: callie@bcacv.org

III. Information Packages

A. Student Essay

This scholarship provides an excellent opportunity for college-bound students to give thoughtful consideration to the impact that breast cancer has had on their life and the lives of their family members and friends. Essays shall be double-spaced using Times Roman 12 point font size.

All previous BCA-CV Scholarship winners may use their essay from the previous year – Please include a copy in your information package.

Students are required to submit a **250 word bio** and write a **1,500 to 2,000 word essay** that answers the following questions:

1. *How has breast cancer changed or impacted your life?*
2. *What have you learned about yourself, your family and /or your community in the face of coping with breast cancer?*
3. *What are your goals?*

B. Letter of Recommendation

One letter of recommendation from a teacher, employer, counselor or principal who knows you well.

C. Photograph

Include one photo of yourself for identification purposes only.

D. Income Information

Most recent copy of student federal income tax form and the parent federal income tax forms if applicant is listed as a dependent.

For more information contact the Breast Cancer Awareness—Cumberland Valley office at 301-791-5843.

Please email your completed application, Academic Performance and Information Package No later than April 12, 2019 with *BCA-CV Scholarship Application* in the subject line to: callie@bcacv.org.

The applicant may choose to mail the completed application and attachments to the address below.

All mailed items must be postmarked by **April 12, 2019**.

**Breast Cancer Awareness—Cumberland Valley
12916 Conamar Drive, Suite 201
Hagerstown, MD 21742**

BCA-CV Scholarship Fund Application Form

Student Information

Student Full Name _____

Street Address _____

City – State – Zip Code _____

Phone Number _____

Date of Birth _____

Gender Male/Female

U.S. Citizen _____

Parent or Guardian Information

Parent or Guardian Name _____

Street Address _____

City – State – Zip Code _____

Phone Number _____

Sibling Information (list all – use the back if more space is needed)

Name _____

Age _____

Where did you receive the application?

Student Education Information

High School or College Currently Attending _____

Street Address _____

City – State – Zip Code _____

Phone Number _____

Graduation Date _____

Honors _____

Extracurricular Activities _____

Offices Held _____

College or University you plan on attending _____

Major _____

Signature Page

By applying for this scholarship students agree to give the Breast Cancer Awareness—Cumberland Valley Scholarship Fund permission to use student’s name, pictures of themselves and family members and essay information on the official website at: www.bcacv.org and promotional materials.

Student and 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 Breast Cancer Awareness—Cumberland Valley Scholarship Fund to review student transcripts and other personal information

Applicant Signature

Print Name

Date

Parent or Guardian Signature

Print Name

Date