

# FRIENDS FIGHTING CANCER, INC. SCHOLARSHIP GUIDELINES

## PURPOSE

The purpose of the Friends Fighting Cancer, Inc. (FFC) Scholarship is to provide educational opportunities for children or grandchildren of current or former cancer patients who may lack the resources for higher education of these children. The scholarship is a one-time payment and would be for attendance at a university or community college.

## ELIGIBILITY

- Scholarship is designated for a student in the Harnett Health System service area.
- Scholarship is designated for a student who will attend a University or Community College.
- Applicant, Parent, or Grandparent is currently or has been a cancer patient.
- Open to any high school graduating senior within the Harnett Health service area.
- Student must have the ambition and desire to continue education beyond the secondary level.
- Possess qualities of good citizenship
- Student must possess the academic background to warrant entry into a university or community college system.
- Must turn completed application in to your high school guidance counselor for submission to FFC Scholarship Committee Chairperson

## SCHOLARSHIP REQUIREMENTS

- Completed scholarship application and submitted by the announced deadline.
- Include two (2) letters of recommendation by someone who is unrelated to the applicant.
- Submit an essay describing yourself, your family, your financial needs, your educational and career goals and how this scholarship would enable you to meet those goals. Describe your relationship to the cancer patient in your family and explain in detail why you think you qualify for this scholarship. Essays must be typed and address all points listed above.
- Include a transcript verified by your school guidance counselor.

## VALUE OF SCHOLARSHIP

Scholarship(s) will be awarded up to \$5,000 per recipient based upon available funds.

## PRESENTATION AND PAYMENT

At an appropriate commencement occasion the recipient will be presented a monetary certificate to be honored upon the registration for advanced study in an institution for higher education. Scholarship funds will be paid directly to the school selected. Upon request, the recipient may apply for additional funding for textbooks.

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## METHOD OF SELECTION

- The FFC will review all applicants and make the selections based on Scholarship criteria.
- Student will submit application to your high school guidance counselor on the announced deadline.
- The FFC Scholarship Committee; after receiving the applications may contact the applicant for a personal interview.
- The FFC will keep its findings confidential and will make no announcement of any kind until the scholarship is awarded at an appropriate commencement occasion.
- All decisions of the FFC are final.

## LIMITATIONS

- In order to take advantage of the scholarship, the student must enter the institution of their choice at the beginning of the next school year following graduation from high school.
- The applicant agrees to provide FFC Scholarship Committee with the following by July 1:
  - University Name & Address for Business Office
  - Documentation of Tuition Costs/ Invoice
- The recipient must maintain a 2.5 grade point average and must provide FFC Scholarship Committee with proof of grades at the end of first semester, in order for second installment to be paid for the spring semester if applicable.
- Grades must be sent to FFC Scholarship Committee within 10 business days of receiving them.

FFC, Inc.  
c/o Linda Fullera  
1206 West Divine Street  
Dunn, NC 28334

- Should the scholarship recipient leave the institution before the entire amount of the scholarship is used, and there is a refund due, the refund on the unused scholarship amount must be repaid to the FFC.

# FRIENDS FIGHTING CANCER, INC. SCHOLARSHIP APPLICATION

APPLICANT NAME: \_\_\_\_\_

## STATEMENT OF FINANCES (contd.)

FAMILY'S TOTAL YEARLY INCOME (AFTER TAXES)	\$ _____
MORTGAGES AND OTHER LOANS	\$ _____
COLLEGE EXPENSES OF OTHER CHILDREN	\$ _____
EXPENSES OF CARING FOR AGED OR DISABLED FAMILY MEMBERS	\$ _____
OTHER MAJOR FINANCIAL RESPONSIBILITIES	\$ _____

PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to further verify your financial information, please send copies of the following items with this application. Without supporting documentation we will be unable to process your application:

1. Your custodians' most recent tax returns
2. Copies of two (2) most recent pay stubs for parent/custodian. (if paid by direct deposit then you may substitute your last two (2) months bank statements)
3. If income is not direct deposit or you do not file taxes then please submit the following, where applicable:
  - a. Social Security award Letter
  - b. Disability award Letter
  - c. DSS award letter

*I acknowledge, by signing below, that the information given herein is true and correct and I authorize FFC to verify this information for the purpose of assessing financial need.*

## PARENT OR GUARDIAN'S ENDORSEMENT

I (NAME) \_\_\_\_\_, THE PARENT/GUARDIAN OF THE ABOVE APPLICANT FOR A SCHOLARSHIP, HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, AND BELIEF, THE FOREGOING STATEMENTS ARE COMPLETE AND CORRECT. I APPROVE THE APPLICANT'S APPLICATION FOR THIS SCHOLARSHIP.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## STUDENT'S ENDORSEMENT

I (NAME) \_\_\_\_\_, THE ABOVE APPLICANT FOR A SCHOLARSHIP, HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, AND BELIEF, THE FOREGOING STATEMENTS ARE COMPLETE AND CORRECT. I APPROVE THE APPLICATION FOR THIS SCHOLARSHIP.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**\*\* Please remember to attach your essay, recommendations, and all other requested documents or your application will be considered incomplete and will not be considered.\*\***

# FRIENDS FIGHTING CANCER, INC. SCHOLARSHIP APPLICATION

## APPLICANT DATA

APPLICANT'S FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

## EXTRACURRICULAR ACTIVITIES & INVOLVEMENTS

<u>ACTIVITY</u>	<u>DATES INVOLVED</u>	<u>OFFICES HELD, AWARDS, HONORS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* A separate list may also be submitted if applicant is unable to list activities in the space provided.

## WORK EXPERIENCE

<u>EMPLOYER</u>	<u>POSITION HELD</u>	<u>DATES OF EMPLOYMENT</u>	<u>HRS. WORKED PER WEEK</u>
_____	_____	_____	_____
_____	_____	_____	_____

## COLLEGE/ UNIVERSITY DATA

SCHOOLS WHERE YOU HAVE APPLIED OR ARE PLANNING TO APPLY:

NAME: \_\_\_\_\_ ACCEPTED: \_\_\_\_\_  
NAME: \_\_\_\_\_ ACCEPTED: \_\_\_\_\_  
NAME: \_\_\_\_\_ ACCEPTED: \_\_\_\_\_

TOUCHED BY CANCER: \_\_\_\_\_ APPLICANT \_\_\_\_\_ PARENT \_\_\_\_\_ GRANDPARENT \_\_\_\_\_ OTHER

## STATEMENT OF FINANCES

FATHER/GUARDIAN NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_

OTHER DEPENDENT CHILDREN IN FAMILY (PLEASE LIST NAME, AGE AND GRADE IN SCHOOL):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR FFC SCHOLARSHIP COMMITTEE USE ONLY:

\_\_\_\_ HN \_\_\_\_\_ MN \_\_\_\_\_ LN

# FRIENDS FIGHTING CANCER, INC. SCHOLARSHIP APPLICATION

## Checklist of required documents:

- \_\_\_ FFC Application
  - \_\_\_ Recommendations (2)
  - \_\_\_ Personal Essay
  - \_\_\_ Official Transcripts
  - \_\_\_ Custodian's Tax Returns for 2016
  - \_\_\_ Proof of Income: pay stubs, bank statements, SSI award letter, Disability award letter or DSS award letter.
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