








Scholarship Application Requirements

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Eligibility Requirements

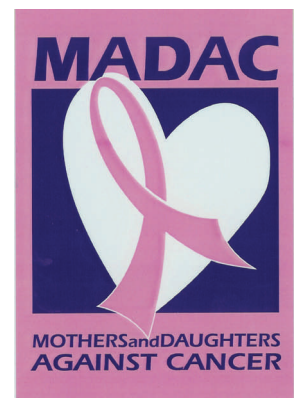
To be eligible, an applicant must satisfy the following requirements:

-  The applicant must be a *female* who attends a private or public high school in one of the following Georgia counties or is in a state approved home school program within these school districts: Cobb, Dekalb, Gwinnett, Fulton or Forsyth.
-  The applicant must be enrolled as a high school senior or in a state approved home school program.
-  Applicant seeks higher education from a college, university or vocational-technical school.
-  A minimum 2.75/4.0 grade point average during high school.
-  Applicant must be a cancer survivor or currently diagnosed with cancer.
-  Scholarship recipient and her parents, if she is a minor, must sign a release agreeing to have their name, photo, and story published in the news media, on the MADAC website or any MADAC publication as a MADAC Scholarship Recipient. MADAC reserves the right to use photographs and/or statements of scholarship recipient in any promotional materials.
-  Scholarship recipients will be invited to attend the Gwinnett County Relay for Life May 6, 2011, as an honorary MADAC member. Recipient may be asked to participate in selected interviews and/or media coverage.

Supporting Documents: Deadline-February 21, 2011

MADAC's Scholarship Committee considers only ON TIME and COMPLETE applications. Please submit the following documents for scholarship consideration in a pocket folder with brads. Documents should be organized as follows:

1. A completed application.
2. Your "Personal Spotlight" page.
3. Your personal essay.
4. An official high school transcript of your academic record for grades 9-12 (fall semester).
5. Include a letter from a treating health care provider (doctor, nurse, or physical therapist) who can confirm your diagnosis of cancer. This letter must be on his/her own letterhead and may not serve as a recommendation.
6. Two completed and sealed letters of recommendation. Place these in the front pocket of the folder. These must be non-family members. Give the Letter of Recommendation Request form to:
 - A high school teacher
 - A coach, employment supervisor, religious or community leader
7. On or before, **May 2, 2011**, the applicant must submit a copy of an official acceptance letter to the college/university/vocational school of your choice. If you have not selected your school, please send copies of all acceptance letters.





Scholarship Application

Personal Information

Name: Date of Birth:
Address:
City: State: ZIP: County:
Home Phone: Cell Phone:
E-mail Address:

Medical Information

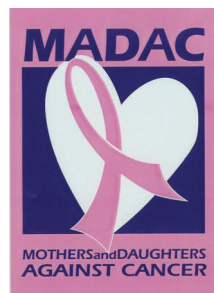
Diagnosis: Age Diagnosed:
Date of Diagnosis: Current Health Status:
Treatment
Treating Physician:
Name and Location of Treating Hospital:

Education

High School: High School Phone:
Grade Point Average and Grading Scale:
University/College planning to attend (if known):
Intended Major:

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Scholarship Application

Personal Spotlight

The MADAC scholarship committee is interested in learning more about you. On a separate sheet of paper, please type the following information. *Be sure to include your name at the top of the page.*

1. Activities/Athletics/Service
Please list involvement in any school activities, athletic involvement or community service during your high school career. Include any leadership positions held.
2. Honors/Awards
Please list any academic, athletic or service awards you received during high school.
3. Employment/Work Experience
Please list any work experience. Include position and dates of employment.

Personal Essay (1000 words or less)

Please write a personal essay addressing **“How Cancer Has Impacted My Life.”**

Requirements: *Include your name at the top of the page. Essay should be 1000 words or less, double spaced and typed.*

I certify that the information provided in this application is complete and accurate. I understand that falsification of any information provided will result in termination of scholarship consideration.

Signature of applicant _____ Date: _____

Application Deadline

All scholarship applications and supporting documents must be submitted by **February 21, 2011.**

Please return complete application and all requested information to:

Mothers and Daughters Against Cancer
Attn: Scholarship Committee
5305 Golden Leaf Trail
Norcross, GA 30092

If you have questions about your application, please e-mail Kimragland@aol.com.









Letter of Recommendation Request

The following student requests a letter of recommendation from you as a part of her application for the *Mothers and Daughters Against Cancer Survivor Scholarship*. The letter should be returned in a sealed envelope to the scholarship applicant .

Student Requesting Recommendation:

Points to consider when writing your letter of recommendation include:

-  **Academic Motivation**
-  **Commitment to raising cancer awareness**
-  **Community Involvement**
-  **Character**
-  **Leadership**
-  **Please also share any other personal comments that you believe would benefit the scholarship committee when considering this student's application.**

In your letter, please include your contact information for follow up by the scholarship committee. The letter of recommendation is to be given to the student applicant in a sealed envelope. It is the student's responsibility to send the letter with their application to the MADAC Scholarship Committee by the February 21, 2011, deadline.

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