

MARC STRINGER ENDURANCE CANCER SCHOLARSHIP

To be eligible for this scholarship the applicant must have been directly affected by cancer.

The applicant, parent of the applicant, a grandparent that acted as a parent for the applicant, or a sibling of the applicant that has lived or is living with the applicant must currently have or has had cancer.

Information to be completed by applicant. Please print.

Name _____

Date of Birth _____

Address _____

Name of Parent or Guardian _____

Name of High School Attended and Address: _____

Extracurricular Activities- Organizations and clubs.

Honors and Awards

Community Activities

College Choice _____

College Major _____

The Applicant herewith consents that the Scholarship Selection Committee be fully informed as to the Applicant's scholastic standing, test scores, and other factors having a bearing on this application.

Signature of Applicant

Signature of Parent
(if student is under 18 years of age)

This is to verify that the above applicant ranks _____ in a class of _____ seniors and has a grand point average of _____. Date of high school graduation _____. The applicant has taken the following college entrance examinations:

ACT or SAT Score _____

Counselor Signature

*Please write a brief essay on your experience. Please include who has or has had cancer and how it has affected you. You may use the back of this paper if needed.