

# Due: Friday April 26, 2024

## MARC STRINGER ENDURANCE CANCER SCHOLARSHIP

To be eligible for this scholarship the applicant must have been directly affected by 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 an essay on your experience. Please include the following information:

- Who has or has had cancer
- How has cancer affected you
- What you have learned from cancer

You may use the back of this paper if needed or attach your essay. This is the most important piece of the application.