



Sisters Network Inc. ® Affiliate Chapter, Nashville, TN

Mary Kelton Smith Memorial Scholarship Criteria:

The applicant must:

1. Be an African-American male or female whose 1st or 2nd Degree relative was diagnosed with breast cancer.
2. Be a high school senior.
3. Be accepted or plan to attend a 4-year college or university.
4. Be active in school, church, and/or community.
5. Have at least a 2.8 cumulative grade point average.
- 6.

Application Procedures:

1. Submit 2 letters of recommendation. One letter must be from a school official.
2. Submit a complete application.
3. Provide an official transcript in a sealed envelope from your guidance counselor.
4. Provide a copy of your acceptance letter to a 4-year college or university.
5. Provide a 500 word essay describing the following:
6. If you could change any part of the cancer journey for your 1st or 2nd degree relative or yourself, what part would it be?
7. Mail completed applications to **P.O. Box 280465, Nashville, TN 37228** or Email to nashvilletn@sistersnetworkinc.org

COMPLETED PACKETS MUST BE **POSTMARKED or EMAILED by May 1, 2024**

- ❖ The recipients and other applicants will be notified via email and/or mail.
- ❖ Incomplete applications and applications received after the deadline will not be considered.

Student Information		
Applicant's Name:		Home Phone:
Address:		Cell Phone:
City / State / Zip:		Email:
Parent/Guardian Information		
Parent / Guardian Name	Occupation	Place of Employment
Father:		
Mother:		
Maiden Surname:		
Guardian:		
High School Information		
Name of High School:		Date of Graduation:
Cumulative GPA:	ACT Score: N//A	SAT Score: N/A
College Information		
Prospective University:		
Prospective Major:		Prospective Minor:
Career Goal:		
Have you been accepted?		Date of Enrollment:
Service and Leadership Awards: School		
Activity	Year(s) of Participation	Position(s) Held
Service and Leadership Awards: Community		
Activity	Year(s) of Participation	Position(s) Held
List Your Work Experience		
Job	Year(s) of Participation	Position(s) Held

Letters of Recommendation (2)	
(1) School Official (i.e. counselor, principal or teacher)	
Name:	Title
(2) Community Leader (i.e. pastor, Sunday School teacher, community official)	
Name:	Title
Name(s) of Breast Cancer Survivor	
You must have a family member (any relative) who has/had breast cancer. () Yes () No. If yes , list their name, their relationship to you, Are they a Sisters Network Member? Yes ___ No ___	
Name:	Relationship:
Any unusual financial circumstances? Please explain (use back of sheet, if needed):	
Additional Documents to Submit	
Submit an OFFICIAL high school transcript (embossed with the school's seal). Your graduation date must be in the current academic year.	
Submit a non-returnable photo.	
Submit a 500 word Essay describing the following: If you could change any part of the cancer journey for your 1 st or 2 nd degree relative or yourself, what part would it be?	
Certification: All information on this Application is true and correct.	
Your Signature:	Date:
Parent or Guardian Signature:	Date:
COMPLETED PACKETS MUST BE POSTMARKED OR EMAILED	BY MAY 1, 2024

PARENT/LEGAL GUARDIAN CONSENT

I, _____, hereby voluntarily consent the use of information including cancer diagnosis, medical records, and treatment plans be released by my child, _____, and be used by Sisters Network, Inc. Nashville, TN, in determining the qualification for the Scholarship.

Signature: _____ Date: _____

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Mary Kelton Smith Scholarship Fund. I must provide evidence of enrollment/registration at the college of my choice before scholarship funds can be awarded.

Applicant Signature: _____ Date: _____