



**Affiliate Chapter  
Nashville, Tennessee**

**Mary Kelton Smith Memorial Scholarship Criteria:**

The applicant must:

1. Be an African American male or female whose 1<sup>st</sup> or 2<sup>nd</sup> Degree relative was diagnosed with breast cancer.
2. Be a high school senior in the Davidson County or surrounding Middle Tennessee counties.
3. Be accepted 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.

**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:  
If you could change any part of the cancer journey for your 1<sup>st</sup> or 2<sup>nd</sup> degree relative or yourself, what part would it be?
6. Mail completed applications to **P.O. Box 280465, Nashville, TN 37228** or Email to [nashvilletn@sistersnetworkinc.org](mailto:nashvilletn@sistersnetworkinc.org)

COMPLETED PACKETS MUST BE **POSTMARKED or EMAILED by May 1, 2025**

- ❖ The recipients 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 1 <sup>st</sup> or 2 <sup>nd</sup> degree relative who has/had breast cancer. ( ) Yes ( ) No. <b>If yes</b> , list their name, their relationship to you, Are they a Sisters Network Member? Yes ____ No ____ <b>Name:</b> _____ <b>Relationship:</b> _____	
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 <sup>st</sup> or 2 <sup>nd</sup> 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:
<b>COMPLETED PACKETS MUST BE POSTMARKED OR EMAILED</b>	<b>BY MAY 1, 2025</b>

### **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: \_\_\_\_\_