

**Affiliate Chapter**

**Nashville, Tennessee**

**Mary Kelton Smith Memorial Scholarship Criteria:**

The applicant must:

1. Be an African-American male or female whose parent 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.

**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, if available.
5. Provide a 500 word essay describing one of the following:

A. If you could change any part of the cancer journey for your parent/legal guardian,

what part would it be?

B. If you can change any part of the cancer journey for yourself, what part would it

 be?

1. 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 6, 2022**

* 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.

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| **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 or Technical/Junior College School:**  |
| **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** |
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| **Service and Leadership Awards: Community** |
| **Activity** | **Year(s) of Participation** | **Position(s) Held** |
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| **List Your Work Experience** |
| **Job** | **Year(s) of Participation** | **Position(s) Held** |
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| **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 are a breast cancer survivor.( ) Yes ( ) No. **If yes**, list their name, their relationship to you, Are they a Sisters Network Member? Yes \_\_ No \_\_ |
| **Name**: **Relationship**: **Years Attended**: |
| 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 typewritten biographical sketch (350 words maximum) that discusses your post-secondary goals. |
| Submit a 500 word Essay describing one of the following: A. If you could change any part of the cancer journey for your parent/legal guardian, what would it be? B. If you can change any part ot the cancer journey for yourself, what part would it be? |
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| **Certification:** All information on this Application is true and correct. |
| Your Signature: | Date: |
| Parent or Guardian Signature: | Date: |
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| **COMPLETED PACKETS MUST BE POSTMARKED OR EMAILED**  | **BY MAY 6, 2022** |

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