



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?
6. 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.

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
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 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 of the cancer journey for yourself, what part would it be?	
Certification: All information on this Application is true and correct.	
Your Signature:	Date:
Parent or Guardian Signature:	Date:
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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: