



Supporting
Comprehensive Health
Care Services for Children
with Cancer and Blood
Disorders Since 1978

2101 Millburn Avenue
Maplewood, NJ 07040

Tel (973) 761-0422
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www.thevaleriefund.org

THE VALERIE FUND SCHOLARSHIP APPLICATION

2012

The Valerie Fund Scholarship Program grants awards to current or former patients of The Valerie Fund for post high school education. The award is to be used for tuition-related expenses, fees, books and required supplies. In the past, general awards have ranged between \$500 - \$750 and we would expect this year to be the same.

However, this year we also have the opportunity to award between three to five special Weintraub Family Scholarships that will range from \$3,000 to \$5,000 each. To be eligible for these Weintraub Family scholarships you must complete the essay on Page 5 of this application.

Eligibility

The Scholarship Program is offered to high school graduates who are currently treated or were once treated at one of the seven Valerie Fund Centers. The scholarship program is intended to encourage Valerie Fund patients to further their education and to reduce the financial impact on their families.

Criteria

Scholarship awards will be based on the combinations of three factors:

- Financial need – applicant needs to be recommended by a member of the healthcare team at a Valerie Fund Center identifying financial need.
- Determination and motivation – applicant must be committed to attending the enrolled program with long term career goals.
- Community involvement – applicant should demonstrate an understanding of the candidate's community and the role of the charitable organizations.

Process

- Applications must be received by June 1, 2012 Applications not completed will not be considered.
- Following the review of all candidates, selected individuals may be interviewed by a member of the Selection Committee.
- All Award decisions are expected to be announced by June 30, 2012.
- Annual awards will be submitted directly to the learning institution during the school year
- **Due to limited resources, The Valerie Fund is not able to award scholarships to all applicants who apply.

For more information please call 973-761-0422

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- Applicants must complete the following two pages.
- To be eligible for the Weintraub Family Scholarships you must complete the essay on page 5.
- Applicants must attach a copy of their invoice for the fall semester or other proof of registration.
- Each applicant will be contacted with the status of their application on or about June 30, 2012
- Student I.D. number must be filled in. Please do not return application without this information.
- Please mail completed materials to:

*The Valerie Fund
Scholarship Committee
2101 Millburn Avenue
Maplewood, NJ 07040*

THE VALERIE FUND SCHOLARSHIP APPLICATION

APPLICANT

| | | | | |
|---|--|---------------------------|------------|----------------|
| FIRST NAME | | LAST NAME | | MIDDLE INITIAL |
| STREET ADDRESS | | | APARTMENT | |
| CITY | | STATE | ZIP | COUNTY |
| GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | DATE OF BIRTH / / | | AGE |
| HOME EMAIL ADDRESS | | | | |
| HOME PHONE NUMBER | | | CELL PHONE | |

VALERIE FUND CENTER

| | | |
|--|--|-----------------------|
| NAME OF TREATMENT CENTER <input type="checkbox"/> NEWARK BETH ISRAEL <input type="checkbox"/> NJ CHOP <input type="checkbox"/> NY PRESBYTERIAN <input type="checkbox"/> MONMOUTH <input type="checkbox"/> MORRISTOWN <input type="checkbox"/> SAINT BARNABAS <input type="checkbox"/> OVERLOOK | | |
| NAME OF DOCTOR | | NAME OF SOCIAL WORKER |
| DIAGNOSIS OF CANCER OR BLOOD DISORDER | ARE YOU CURRENTLY RECEIVING TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | DATE OF DIAGNOSIS |

HIGH SCHOOL

| | | |
|---------------------|---|----------------------------|
| NAME OF HIGH SCHOOL | | HIGH SCHOOL CITY / STATE |
| GRADUATION DATE | DIPLOMA EARNED <input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED | NAME OF GUIDANCE COUNSELOR |

COLLEGE / TRADE SCHOOL

| | | | |
|---|---|--------------|--|
| Name of Institution | | Phone Number | Student I.D. Number (DO NOT LEAVE BLANK) |
| Address | | | |
| City | State | Zip | |
| Are you currently enrolled for Fall 2011? <input type="checkbox"/> YES <input type="checkbox"/> NO | Number of Scheduled Credits for Fall 2011 | | |

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COLLEGE / TRADE SCHOOL CON'T

| | |
|--|----------------------------|
| PROJECTED MAJOR | NAME OF ACADEMIC COUNSELOR |
| <p>IF YOU HAVE ATTENDED THIS COLLEGE PRIOR TO FALL, 2011, YOU MUST ATTACH A COPY OF YOUR CURRENT TRANSCRIPT.</p> | |
| <p>HAVE YOU RECEIVED A VALERIE FUND SCHOLARSHIP IN THE PAST <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, PLEASE ATTACH ONE PAGE TELLING US ABOUT YOUR SCHOOL YEAR(S) AND WHAT YOU HAVE ACCOMPLISHED.</p> | |
| <p>PLEASE EXPLAIN WHY YOU HAVE CHOSEN THIS INSTITUTION AND HOW THIS SCHOLARSHIP WILL HELP YOU. (ATTACH AN EXTRA SHEET)</p> | |

COMMUNITY INVOLVEMENT

| | |
|--|-----------------------------|
| <p>DO YOU CURRENTLY VOLUNTEER YOUR TIME FOR ANY AGENCY IN YOUR COMMUNITY OR AT YOUR SCHOOL?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> | |
| <p>IF YES, WHAT IS THE NAME OF THE ORGANIZATION WHERE YOU HAVE VOLUNTEERED YOUR TIME</p> | |
| NAME OF CONTACT PERSON | CONTACT PERSON PHONE NUMBER |
| <p>SIGNATURE OF AGENCY OFFICIAL (OR INCLUDE A LETTER FROM AGENCY)</p> | |
| <p>PLEASE EXPLAIN THE TYPE OF VOLUNTEER SERVICE YOU PROVIDE AND WHAT YOU HAVE GAINED FROM THE EXPERIENCE (ATTACH AN EXTRA SHEET)</p> | |

THE VALERIE FUND SCHOLARSHIP APPLICATION

Weintraub Family Scholarship Essay

The three to five recipients of the Weintraub Family Scholarship will be judged based on two components: their financial need* and the quality of the essay. Please explain on no more than one page what your family's financial situation is and how this scholarship will impact your ability to attend college.

In an essay of no more than one to two pages, please expand on some of the following topics:

- **What you hope to accomplish both in and outside of college**
- **What are some of your most meaningful achievements and how they've affected your future goals.**
- **What are your special attributes that set you apart from other people your age?**
- **What should we know about you that makes you a good candidate for this scholarship?**

*In addition to your statement of financial need, please include the first page of your parents' most recent federal tax return, if available.