THE VALERIE FUND

Supporting Comprehensive Health Care Services for Children with Cancer and Blood Disorders Since 1976

2101 Millburn Avenue
Maplewood, NJ 07040

Tel (973) 761-0422
Fax (973) 761-6792

www.thevaleriefund.org

THE VALERIE FUND SCHOLARSHIP APPLICATION

2016

The Valerie Fund Scholarship is a selective scholarship opportunity which grants monetary awards to current and former patients of The Valerie Fund for post high school educational expenses such as tuition/tuition related expenses, fees and books. The scholarship program is intended to encourage current and former patients to further their education, while reducing the financial impact of educational expenses on their families. Patients are encouraged to apply for both our general and named scholarship programs. Last year, The Valerie Fund awarded scholarships ranging from $750 - $10,000.

Criteria

Scholarship awards will be reviewed with an emphasis on the following:

- Academic Achievement
- Determination and motivation
- Community involvement
- Financial need

Process

- Applications are due by **March 15, 2016** with all supporting essays, recommendations and financial information.
- The Scholarship Committee will review all completed applications and send out all Scholarship decisions by **April 15, 2016**
- Annual awards will be submitted directly to the educational institution.
- The Valerie Fund may not choose to award scholarships to all applicants who apply.

For more information please call 973-761-0422

THE VALERIE FUND
SCHOLARSHIP APPLICATION

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INSTRUCTIONS

1. All applicants must complete the following pages including the Statement of Financial Need on page 5.

2. To be eligible for a Named Scholarship you must complete the essays on page 6.

3. If you are a returning college or vocational school student, you must attach a copy of your current invoice or other proof of registration.

4. **All applications are due by March 15, 2016.**

Please mail completed materials to:

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

THE VALERIE FUND
SCHOLARSHIP APPLICATION

APPLICANT

FIRST NAME	MIDDLE INITIAL	LAST NAME

STREET ADDRESS	APARTMENT

CITY	STATE	ZIP	COUNTY

GENDER	DATE OF BIRTH	AGE
❑ MALE ❑ FEMALE	/ /	

HOME EMAIL ADDRESS

HOME PHONE NUMBER	CELL PHONE

VALERIE FUND CENTER

NAME OF TREATMENT CENTER

❑ NEWARK BETH ISRAEL ❑ NJ CHOP ❑ NY PRESBYTERIAN

❑ MONMOUTH ❑ MORRISTOWN ❑ SAINT BARNABAS ❑ OVERLOOK

NAME OF DOCTOR	NAME OF SOCIAL WORKER

DIAGNOSIS OF CANCER OR BLOOD DISORDER	ARE YOU CURRENTLY RECEIVING TREATMENT?	DATE OF DIAGNOSIS
	❑ YES ❑ NO	

HIGH SCHOOL

NAME OF HIGH SCHOOL	HIGH SCHOOL CITY / STATE

GRADUATION DATE	DIPLOMA EARNED	NAME OF GUIDANCE COUNSELOR	HS GPA
	❑ DIPLOMA ❑ GED		

COLLEGE / TRADE SCHOOL (IF ALREADY ENROLLED)

NAME OF INSTITUTION	PHONE NUMBER	**STUDENT I.D. NUMBER** (DO NOT LEAVE BLANK)

ADDRESS

CITY	STATE	ZIP

ARE YOU PLANNING ON ATTENDING IN THE FALL 2016? ❑ YES ❑ NO	NUMBER OF PLANNED CREDITS FOR FALL 2016	CURRENT COLLEGE GPA

THE VALERIE FUND
SCHOLARSHIP APPLICATION

COLLEGE / TRADE SCHOOL

PROJECTED MAJOR	NAME OF ACADEMIC COUNSELOR
IF YOU CURRENTLY ATTEND A COLLEGE, YOU MUST ATTACH A COPY OF YOUR CURRENT TRANSCRIPT.	
HAVE YOU RECEIVED A VALERIE FUND SCHOLARSHIP IN THE PAST? ❑ YES ❑ NO IF YES, IN WHAT YEARS AND IN WHAT DOLLAR AMOUNT? _____	

COMMUNITY INVOLVEMENT

DO YOU CURRENTLY VOLUNTEER YOUR TIME FOR ANY AGENCY IN YOUR COMMUNITY OR AT YOUR SCHOOL? ❑ YES ❑ NO	
IF YES, WHAT IS THE NAME OF THE ORGANIZATION WHERE YOU HAVE VOLUNTEERED YOUR TIME?	
NAME OF CONTACT PERSON	CONTACT PERSON'S PHONE NUMBER
SIGNATURE OF AGENCY OFFICIAL (OR INCLUDE A LETTER FROM AGENCY)	
PLEASE EXPLAIN THE TYPE OF VOLUNTEER SERVICE YOU PROVIDE AND WHAT YOU HAVE GAINED FROM THE EXPERIENCE. (ATTACH AN EXTRA SHEET IF NEEDED)	

THE VALERIE FUND
SCHOLARSHIP APPLICATION

YOUR FINANCIAL NEED 2016-17

NAME_____

Name of School you plan to attend (if known) _____

If you are a H.S. Senior applying to college, please list a few colleges you are waiting to hear from.

1. **_____**
2. **_____**
3. **_____**

1.Total cost of attendance (tuition, fees, housing)	
2. Amount of scholarships/grants (not including this one)	
3. Amount of unmet need (subtract line 2 from line 1)	
4. Amount of federal student loans you plan to take	

THE VALERIE FUND
SCHOLARSHIP APPLICATION

Named Scholarship Essays

We encourage every applicant to complete the essays on this page. The recipients of the named scholarships will be judged based on two components: the quality of your essay and your financial need.

To be eligible for a named scholarship you must complete all of the following:

1. Please explain in no more than one page your family's financial situation and how this scholarship will impact your ability to attend college.

2. On another page, in an essay of no more than one to two pages, please expand on either or both of the following topics:

   a. What special attributes or achievements set you apart from other people your age?

   b. Why are you a good candidate to receive this scholarship?

Please include any additional information you would like us to consider in your essays.

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

***<u>Note: Please blacken or cross out all security numbers on all tax forms.</u>**