



2018-2019 APPLICATION FOR SCHOLARSHIP

Print or Type Legibly

Full Name: _____ Date of Birth: _____

Home Address: _____ Cell: _____

City: _____ State _____ Zip Code _____

Email Address: _____ Male/Female: _____

Annual Household Income: _____ Number of People in Household: _____

School Currently Attending: _____ GPA: _____

College/University Attending or Applying to: _____

Major: _____

How will the scholarship help you in your academic endeavor? _____

Application Packet Requirements:

1. Official high school or college transcripts.
2. List of all extracurricular activities in which you are involved.
3. List of all honors and awards received.
4. List work experience.
5. Two letters of recommendation (must include one from a teacher).
6. In a 500 word essay, describe how cancer has impacted the person you are today.

Signature: _____ Date: _____

Students should mail or deliver the completed application packet to "Daniel's Grace" Attn: Scholarship Committee, 4216 Virginia Beach Blvd. Suite 140, Virginia Beach, VA 23452 **no later than April 5, 2019. (postmarked by April 5, 2019)** If you have questions, email Lisa Johnson, at scholarships@danielsgrace.org or call 757.663.6977.

Eligibility Requirements: Student shall have been directly impacted by cancer either personally or by an immediate family member. Scholarship award will be based on eligibility requirements, financial need, GPA, and school/community involvement.