



## ***College Scholarship Application***

The Miles of Hope Breast Cancer Foundation is a not for profit organization established in 2004. The Fund provides programs and support services for women and families in the Hudson Valley, New York, affected by breast cancer. All funds raised for the Foundation are used in the Hudson Valley.



## Guidelines and Instructions

**Purpose:** The purpose of the *Miles of Hope Breast Cancer Foundation Scholarship* is to assist students who have been affected by breast cancer in some way. A minimum of eight (8) scholarships of \$1,000 in value each may be awarded in the spring. The scholarships are not renewable; however a recipient may reapply in subsequent years while they are in college.

**Eligibility Requirements:** In order to be eligible to be considered for a scholarship, an applicant must satisfy the following requirements:

- Have been affected by breast cancer in some way.
- Reside within one of the eight New York State counties covered by the *Miles of Hope Breast Cancer Foundation*: Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Westchester and Ulster.
- Must plan to attend/or be attending an accredited college, university or trade school. (Scholarship checks will only be mailed to the school to be attended by the scholarship winner.)

### Application Instructions:

- Type (preferred) or print all requested information in the spaces provided.
- Essays must be typewritten, double spaced and emphasize any volunteer activity related to breast cancer.
- Applications must be clearly legible and submitted in English.
- All information must be supplied. If any information is incomplete, the application will be rejected.
- Submit complete applications packets only. (Recommendations and transcripts may be submitted separately but are due by the same deadline.)
- Do not send additional materials unless indicated.

### A completed application includes:

- A completed application form
- Essay (not to exceed 500 words) describing how breast cancer has impacted your life. Essays must be typewritten, double spaced and emphasize any volunteer activity related to breast cancer.
- Most recent high school or college transcript
- Copy of your Student Aid Report (SAR) and Expected Family Contribution (EFC) information, which you will receive when you complete your Free Application for Federal Student Aid (FAFSA)
- Two current letters of recommendation (one from a teacher or guidance counselor) other than family members who are familiar with your skills and abilities.
- Copy of your ACT and/or SAT scores (if applicable to your educational plans)

**Application Deadline: Applications must be POSTMARKED BY April 1.**

**Contact information for submission and inquiries:**

Please **mail** completed application packets to:

COMMUNITY FOUNDATION OF DUTCHESS COUNTY  
MILES OF HOPE BREAST CANCER FOUNDATION SCHOLARSHIP  
80 Washington Street, Suite 201, Poughkeepsie NY 12601  
(845) 452-3077 fax: (845) 452-3083 email: cfdc@cfdcny.org  
Web site: www.cfdcny.org or www.milesofhopebcf.org



**MILES OF HOPE BREAST CANCER FOUNDATION SCHOLARSHIP  
APPLICATION FORM**

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's Marital Status    single             married             separated             divorced             widowed

Siblings:    Yes    No    If yes, how many: \_\_\_\_\_    If yes, # of siblings attending college : \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Cumulative GPA \_\_\_\_\_  
(if available)

SAT Scores    \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_  
                  Critical Reading            Math            Verbal

**POST-HIGH SCHOOL PLANS**

School for which aid is requested: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_

My School is:             4 yr college/university     2 yr college     voc/tech school     other

I will be enrolled:             full time             half-time or more             less than half-time

I will live:             on campus             off campus             at home

Intended major/minor: \_\_\_\_\_

Cost of tuition for one year:    \$ \_\_\_\_\_



**ADDITIONAL BACKGROUND**

**Breast Cancer/Cancer Related Activities – (You may enclose a current resume in addition to filling out chart)**

Breast Cancer/Cancer Related Activity	From (mo/yr)	To (mo/yr.)	Your Role

**Work Experience – (You may enclose a current resume in addition to filling out chart)**

Company/Position Held	From (mo/yr)	To (mo/yr.)	Hours Worked

**Extracurricular Activities – (You may attach a separate sheet in addition to filling out chart if necessary)**

List school activities in which you have participated. Include sports, student government, volunteer projects, etc.

Activity	Grades of Participation	Awards/Honors	Offices Held



**Community Service – (You may attach a separate sheet in addition to filling out chart if necessary)**

List all community volunteer service you have performed. Include all special awards and honors.

Type of Activity/Organization	From (mo/yr)	To (mo/yr)	Awards/Honors

Describe any special personal or family circumstances that you would like the Committee to take into consideration in reviewing your application.

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<b>CERTIFICATION</b>
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I certify that the information on this form is true and complete to the best of my knowledge.

Student Signature and Date \_\_\_\_\_

Parent Signature and Date \_\_\_\_\_

**ALL APPLICATIONS MUST BE POSTMARKED BY APRIL 1**



**With your completed and signed application you must include:**

- Essay (not to exceed 500 words) describing how breast cancer has impacted your life. Essays must be typewritten, double spaced and emphasize any volunteer activity related to breast cancer.
- Most recent high school or college transcript
- Copy of your Student Aid Report (SAR) and Expected Family Contribution (EFC) information, which you will receive when you complete and submit your Free Application for Federal Student Aid (FAFSA)
- Two current letters of recommendation from teachers/guidance counselor, clergy or persons other than family members who are familiar with your skills and abilities.

**All materials should be mailed to:**

Community Foundation of Dutchess County  
MILES OF HOPE BREAST CANCER FOUNDATION SCHOLARSHIP  
80 Washington Street, Suite 201  
Poughkeepsie NY 12601