

Scholarship Application

Thank you for your interest in applying for a scholarship from Snowdrop Foundation. Although all applications will be considered for funding from Snowdrop Foundation, we are not currently able to provide scholarships for all requests. If you are not selected for a scholarship during the 20__ application period, Snowdrop Foundation will keep your original application on file. If you wish to be reconsidered for the following year, you must submit a shortened application.

The applicant must be a **Pediatric Cancer Survivor or Current Patient Diagnosed before the age of 21.**

Applications will **only** be considered for review if they are **completed in full.**

Please note that all scholarships will be paid to the third party designated on your application form. **No scholarship monies will be paid directly to recipients.**

If you are chosen as a recipient, Snowdrop Foundation must receive all necessary paperwork (including receipts, invoices, bills, and anything else requested by Snowdrop Foundation) from you within **one month of notification.** If you are unable to provide the paperwork in a timely manner, your scholarship may be revoked.

It is the policy of Snowdrop Foundation not to discriminate, in its consideration of scholarship applications and in its awarding of scholarships, on the basis of race, color, religion, gender, national or ethnic origin, disability, or sexual preference.

Completed applications and supporting documents must be submitted by **April 30** of application year to be considered for the Fall Semester. Late applications will not be considered.

Please return your completed application to:

Snowdrop Foundation
7155 Old Katy Rd.
Suite N270
Houston, TX 77007

If you have questions regarding the completion of this application, please direct them to Trish Kline, Executive Director, at trish@snowdropfoundation.org

*** Snowdrop Foundation reserves the right to contact you if further information is needed for consideration of your application for a scholarship.*

Confidentiality Statement

Snowdrop Foundation is committed to maintaining the confidentiality of the medical information, financial information, and other personal information and data that you provide to us. Snowdrop Foundation understands and acknowledges that you have reposed trust in us to protect the confidentiality and security of all of that information and data.

The information and data that you provide to Snowdrop Foundation will remain your information and data. Snowdrop Foundation will not use your information and data for purposes other than those purposes for which you provide such information and data to us or for which you otherwise authorize Snowdrop Foundation, in writing, to use such information and data.

Snowdrop Foundation will not sell, or otherwise disseminate or make available to third parties the information and data that you provide, in whole or in part. Snowdrop Foundation will restrict access to the information and data that you provide to those persons who will evaluate your information and data for purposes of determining your eligibility for, and making awards of, the financial assistance that Snowdrop Foundation provides.

Snowdrop Foundation will not disclose your information and data to any third party unless the disclosure is authorized by you in writing or is compelled by an order of a court, administrative agency, or other governmental body. Snowdrop Foundation will comply with any such order only after providing you with notice of such order so that you have the opportunity to seek a protective order or other restriction on the disclosure of your information and data.

Application Form
Please Print or Type All Information

General Information:

Full Name: _____

Age: _____

Email: _____

Address: _____

Phone Number: _____

City: _____

State: _____

Zip: _____

Social Security Number: _____

Signature: _____

Grant & Scholarship Request:

I understand that if I am selected as a recipient of a scholarship from Snowdrop Foundation, all funds will be distributed to the third-party payees that I have designated, and that no scholarship funds will be paid directly to me.

ACADEMIC YEAR - Indicate the academic year for which you are applying for scholarship assistance.

Freshman Sophomore Junior Senior Graduate

College/University: _____

**Describe Yourself In One Paragraph
(250 Words or Less)**

**Describe Your Family Situation In One Paragraph
(250 Words or Less)**

Yes. I am willing to do volunteer work, share my experience with young patients with cancer and provide them emotional support and guidance.

No, I am not willing to do volunteer work. Explain:

Have you previously performed volunteer work? If yes, please give details

Education

High School: _____

Location (City, State): _____

College/University Attending For Academic Year Indicated: _____

Location (City, State): _____

High School GPA: _____

College GPA: _____

Major Subject: _____

Degree Expected: _____
(B.S., B.A., etc)

Expected Year of Graduation: _____

Medical Information

Yes, I have been diagnosed with cancer.

Name of Your Attending Physician: _____

Name and Location of Hospital: _____

Diagnosis: _____

Age at Diagnosis: _____

Financial Information

Expected Expenses for Academic Year Indicated:

Tuition, Fees and Books: _____

Room, Board & Transportation: _____

Other: _____

TOTAL: _____

Family Income: _____

Based on IRS Tax Return

List Any Other Scholarship Assistance Applied For and/or received:

SUPPLEMENTAL INFORMATION

Two (2) letters of recommendation from two different academic teachers addressing why you should receive this scholarship

Letter from your attending physician verifying your medical history and current medical situation

Copy of an acceptance letter from the college/university of your choice or a letter of good standing from the registrar

Release from you, and your parents if you are a minor, that you agree to have your name and photo published in the news media or any Snowdrop Foundation publication as a recipient of a scholarship and that you agree to have your name, photo and your success story to be published on our website or in any Snowdrop Foundation publication.

Picture of Applicant e-mailed to Trish@snowdropfoundation.org

Completed applications and supporting documents must be submitted by **April 30** of application year to be considered for the Fall Semester. Late applications will be considered for the next spring semester.

RELEASE

As the recipient of *Snowdrop Foundation's* Scholarship, I agree to have my name and photo published in the news media and my name, photo and success story to be published on www.snowdropfoundation.org website, newsletters, brochures, speeches or any other promotional material.

Applicant's name (Print)

Applicant's signature Date

Complete this portion if the applicant is a minor:

As the parent/guardian of the applicant I agree that if he/she is the recipient of the scholarship that his/her name and photo may be published in the news media and his/her name, photo and success story to be published on www.snowdropfoundation.org website, newsletters, brochures, speeches or any other promotional material.

Parent/Guardian name (Print)

Parent/Guardian's signature Date

THE ESSAY

Submit an essay, on a separate sheet of paper, with this application. Discuss the following question. **HOW HAS MY EXPERIENCE WITH CANCER IMPACTED MY LIFE VALUES AND CAREER GOALS?** Essays must be a minimum of 500 words and a maximum of 1000 words.