

# Gold Ribbon Scholarship

## Emily's Kids Foundation Inc.



### Application

#### 1. Applicant's Name

\_\_\_\_\_ M: \_\_\_\_ F: \_\_\_\_  
First Name, Middle Initial, Last (Please Print Clearly)

( ) ( ) \_\_\_\_\_  
Home Phone

( ) ( ) \_\_\_\_\_  
Cell Phone (if available)

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Date of Birth \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_

Ethnicity: \_\_\_\_ Black: \_\_\_\_ Asian: \_\_\_\_ White: \_\_\_\_ Hispanic/Latino: \_\_\_\_ other: \_\_\_\_  
(Optional)

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

#### 2. School Information

-High school seniors: Submit official transcript(s) that includes final grades for all courses taken in high school.

-College students: Submit official transcript(s) that includes final grades for all courses taken from your freshmen year to your most recently completed semester.  
**If you have only completed one semester of college, you will need to send your official high school transcript along with the recently completed semester of college.**

These **MUST** have signature and/or official school seal. Unofficial transcripts will not be accepted.

-Home schooled seniors: Send transcript of the courses completed with grades, GPA, supporting test scores (ACT OR SAT optional) and any other information that supports successful completion of high school curriculum.

### **Current School**

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School Name School District (Public School only)

(\_\_\_\_) (\_\_\_\_)

School Phone School Fax (if Available)

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School Street Address

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City State Zip

### **Other Schools**

Please list all other secondary (high school) and post-secondary (college/university) schools attended.

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Dates enrolled School City/State Grade(s) attended

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Dates enrolled School City/State Grade(s) attended

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Dates enrolled School City/State Grade(s) attended

### **3. Community Service**

Please list any community service you have been involved with and the dates in which you participated. (Additional sheets may be attached if necessary):

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### **4. College or University**

Please submit the name of the college, university or vocational/technical school you will be or currently are attending:

If currently attending college, what is your current year in school (freshman, sophomore, Junior or Senior)? \_\_\_\_\_

Name of school: \_\_\_\_\_

Potential area of study: \_\_\_\_\_

Are you currently accepted for admission? Yes: \_\_\_\_ No: \_\_\_\_

If, yes please provide a copy of acceptance letter.

If you have not received an acceptance letter at this point indicate what stage you are in the application process:

**In all areas where a signature or initials are required, both the applicant and a parent or guardian must sign if applicant is under the age of 18.**

**To certify that all statements that are contained in the application are true and the essay submitted was written by the applicant please sign below.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **5. Submission Requirements**

Individuals who receive a Gold Ribbon Scholarship will be required to electronically submit a high resolution photo. The reason for this is that EKF Gold Ribbon Scholarship committee would like to **post pictures** on the EKF website to celebrate the recipients of the scholarship.

Initial here to authorize release of your name, photo and essay/ letters/ story for use by Emily's Kids Foundation Inc. for promotional material and website.

Parent/Guardian: \_\_\_\_\_ Applicant: \_\_\_\_\_

## **6. Essay**

**Answer the following question:**

*How has being diagnosed with cancer at a young age influenced the direction of your life and future goals?*

Essays may be hand written (PRINT PLEASE) or typed. Applicants name must be included at the top right corner of each page. The essay will become the property of Emily's Kids Foundation Inc. and may be used for future publications if a scholarship is awarded.

**By initialing here you are giving us authorization to share scholarship information with the institution you plan on attending.**

Parent/Guardian: \_\_\_\_\_ Applicant: \_\_\_\_\_

**Initial below that you have read and agree with the following statement:**

The applicants understand that the grant of the scholarship is subject to interpretation of the applications in the sole discretion of the committee and the extent by which the program is funded. The amount of funding will be discretionary with the management of Emily's Kids Foundation Inc. The applicants by their initials hereon acknowledge that they have read and understand all of the rules and requirements and agree to be bound by them. The decision of the committee is final and may not be appealed, and the program administrator shall make all decisions regarding compliance with the requirements after a scholarship has been awarded. The applicant agrees to be bound by any such decision without appeal.

Parent/Guardian: \_\_\_\_\_ Applicant: \_\_\_\_\_ Name: \_\_\_\_\_

## Check List

### **ONLY COMPLETE APPLICATION PACKAGES WILL BE CONSIDERED**

#### **Please submit the application in the following order**

\_\_\_ Complete and sign Application Form. (Include applicant and Parent/guardian signatures)

\_\_\_ Please type or print your name clearly in the **top right hand corner of each page of the application package**, submit in the order listed and do not staple pages together.

\_\_\_ Transcripts and Letter of acceptance.

\_\_\_ Submit the entire application package together in one envelope.

\_\_\_ Mail all material to: Emily's Kids Foundation Inc.

PO Box 59

Climax, NC27233-0059

Emily's Kids Foundation Inc. is committed to the concept and practice of equal opportunity for all scholarship applicants and does not discriminate on the basis of race or ethnicity, color, national origin, religion, marital status, sex, gender, sexual orientation, gender identity, political affiliation or belief, or presence of any physical, sensory, or mental disability.