

BURKE COUNTY BOARD OF HEALTH BREAST CANCER SCHOLARSHIP

Guidelines and Instructions

Purpose: The purpose of the Burke County Board of Health Breast Cancer Scholarship is to assist college bound high school seniors who have been affected by breast cancer in some way (either directly or indirectly). A minimum of two (2) scholarships of \$500 in value each will be awarded in the spring. The scholarships are not renewable.

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.**
- Be a resident of Burke County.
- Is a high school senior who plans to attend an accredited college, university or trade school.
- Have a minimum GPA of 2.5.

(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.

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 transcript.

APPLICATION DEADLINE: Applications must be POSTMARKED by February 28.

Contact information for submission and inquiries:

Burke County Board of Health
B. Lamar Murray Public Health Center
C/O Gina Richardson
County Nurse Manager
P.O. Box 238
114 Dogwood Drive
Waynesboro, GA 30830

**BURKE COUNTY BOARD OF HEALTH
BREAST CANCER SCHOLARSHIP**

SCHOLARSHIP APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I. _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Email: _____
 Date of Birth: _____

High School: _____ Graduation Date: _____
 Cumulative GPA: _____ (Assure that transcript is submitted as well).

EDUCATIONAL PLANS

School for which aid is requested*: _____

My School is: ___ 4 yr college/university ___ 2 yr college ___ voc/tech school
 I will be enrolled: ___ full time ___ half-time or more ___ less than half-time

***You must list at least one school**

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	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	Grade 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.

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:
