

MARY E. SMITH (M.O.M.) FOUNDATION, INC./MEMORIES OF MARY
20650 S. Cicero Ave. #827
Matteson, IL. 60443
www.maryesmithfoundation.org

#GIVINGTUESDAY BOOK SCHOLARSHIP

This special award will be granted to a student if they or a parent/legal guardian was **present** and **participating** in the #GIVING TUESDAY health awareness event. This book scholarship in an amount of \$300 – \$500 will be used to support a student pursuing or planning to pursue a career within health science. It is our hope to develop students with an interest in screening and research in the areas of oncology or neurology (including neuroscience, neurosurgery, and neuropathology) in the health care field. This includes but is not limited to nurses, physicians’ assistants and medical doctors.

Eligibility & Criteria:

- All applicants must be a US resident who is a graduating senior, adult learner or a college/medical school student.
- Student must be pursuing a technical certification, associate or bachelor level degree at a community college or four-year university within the fifty United States or District of Columbia.

Note: Award will be paid once enrollment verification from the school has been received. It is payable directly to the school except upon special request. Request must be approved by the board of directors in order to be made payable directly to the student. High school senior awards will be granted upon acceptance and enrollment in one of the above educational mentioned programs.

Applicant Name _____ **School ID #** _____

Applicant Address _____ **City** _____ **State** _____ **Zip** _____

Contact Phone # _____ **Email Address** _____

Name of Educational Institution (Check if institution is a high school) _____

Institution Address _____ **City** _____ **State** _____ **Zip** _____

Institution Phone # _____

I have read and understand the terms of this #GIVINGTUESDAY BOOK SCHOLARSHIP. I will comply with all the requirements and certify that I meet all eligibility criteria. I further understand it may be necessary to provide additional information and/or verification to Mary E. Smith (M.O.M.) Foundation, Inc./Memories of Mary. I certify that the information I have provided is just and accurate to the best of my knowledge and that the funds will be utilized for the purpose intended.

Signature _____

Date _____