

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

SCHOLARSHIP AWARD APPLICATION

Eligibility: All applicants must be U.S. residents.

➤ **A. Excellence in Academics and Community Service Award**

- Must be a brain tumor patient/survivor or closely related to someone diagnosed with a brain tumor. ***Relationships are limited to spouse, biological children, biological parents, biological siblings.***
- Must be entering or currently enrolled in an advanced educational program at a college, university, vocational school or other setting within the fifty United States or District of Columbia.
- Must have at least a GPA of 3.0/4.0 or a 4.0/5.0.
- Rank in top half of class and have at least an SAT score of 1000 or an ACT of 21.
- Demonstrate strong leadership and service in their community.

➤ **B. Excellence in Science and Medicine Award**

- Must be entering or currently enrolled in an advanced educational program within the health sciences (including biology, chemistry, nursing, etc.) with the intent to enter the field of oncology or neurology (including neuroscience, neurosurgery, and neuropathology) at a college or four-year university within the fifty United States or District of Columbia.
- Must have a GPA of 3.0/4.0 or 4.0/5.0.
- Must have three (3) years of science courses with a minimum grade letter of B in each course.
- Rank in the top half of class and have at least an SAT score of 1000 or an ACT of 21.

➤ **C. The Karen Lewis CTU-CPS Excellence in Science Award**

- Created in honor of Chicago Teachers Union (CTU) President Karen Lewis.
- Must be a current student or graduate of a Chicago Public School (CPS).
- Must be entering or currently enrolled in an advanced educational program within the health sciences (including biology, chemistry, nursing, etc.); pursuing a technical certification, associate or bachelor level degree; with an emphasis in science and/or screening and research in the areas of oncology or neurology (including neuroscience, neurosurgery, and neuropathology) at a college or four-year university within the fifty United States or District of Columbia.
- Must have a GPA of 3.0/4.0 or 4.0/5.0.
- Must have three (3) years of science courses with a minimum grade letter of B in each course.
- Rank in the top half of class and have at least an SAT score of 1000 or an ACT of 21.

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SCHOLARSHIP AWARD APPLICATION

Choose one:

- Excellence in Academics and Community Service Award Excellence in Science and Medicine Award
 Karen Lewis CTU-CPS Excellence in Science Award

Applicant

Name: _____
First
Middle
Last

Address: _____
Street
City
State
Zip code

Telephone: () _____ **OR** () _____ **Email:** _____

Are you currently enrolled in High School? ____ If yes, when will you graduate? _____

High School Name: _____

Phone: _____

Address **City** **State** **Zip**

High school GPA: _____ **ACT/SAT Score(s)** _____ **Major:** _____

College/University Name: _____

Phone: _____

Address **City** **State** **Zip**

Expected Date of Entry: _____

College GPA: _____ **Major:** _____

Please note, a photocopy or internet copy of your latest academic record along with a statement of your GPA is acceptable. However an official transcript may be requested in the future. If selected as an award recipient, I must provide Mary E. Smith (M.O.M.) Foundation, Inc./Memories of Mary with proof of registration from the college or university in which I have enrolled. Furthermore, I have read and understand the scholarship qualifications and I verify that the information I have provided is true. If selected as an award recipient, I must provide Mary E. Smith (M.O.M.) Foundation, Inc./Memories of Mary with proof of registration from the college or university in which I have enrolled in order to receive the award.

Student Signature _____ **Date of Birth:** _____
Month/Day/Year

Parent Name (if applicant age <18) _____

Parent Signature _____

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SCHOLARSHIP AWARD APPLICATION

For Scholarship A. Excellence in Academics and Community Service Award ONLY.

- **Applicant Relationship to Patient/Survivor** _____
- **Type of Tumor** _____
- **Date of Diagnosis** _____
- **Hospital/Medical Facility Name
(the facility that made the diagnosis)** _____

Facility Address **City** **State** **Zip**

Phone: _____

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SCHOLARSHIP AWARD APPLICATION

Applicant Name: _____

Essay Question

*Please answer in 1500 words or less. Your response should be typed and double spaced.
(Attach a separate sheet if necessary.)*

May E. Smith (M.O.M.) Foundation, Inc./Memories of Mary has taken positive stands on important issues affecting the community and takes pride in working for the betterment of all people. Select a current issue important to you and discuss how your education will allow you to make an impact on that issue.

