



2017-2018 APPLICATION FOR SCHOLARSHIP
Print or Type Legibly

Full Name: _____ Date of Birth: _____

Home Address: _____ Cell: _____

City: _____ State _____ Zip Code _____

Email Address: _____ Male/Female: _____

Annual Household Income: _____ Number of People in Household: _____

School Currently Attending: _____ GPA: _____

College/University Attending or Applying to: _____

Anticipated Major: _____

How will this scholarship help you in your academic endeavor? _____

Application Packet Requirements:

- Official high school or college transcripts.
- List of all extracurricular activities in which you are involved.
- List of all honors and awards received.
- List work experience.
- Two letters of recommendation (must include one from a teacher).
- In a 500 word essay, describe how cancer has impacted the person you are today.

Signature: _____ Date: _____

Students should mail or deliver the completed application packet to "Daniel's Grace"

Attn: Scholarship Committee, 4216 Virginia Beach Blvd. Suite 140, Virginia Beach, VA 23452 **no later than April 14, 2018. (postmarked by April 14, 2018)** If you have questions, call Jodi Newland, Executive Director, at 757.663.6977.

Eligibility Requirements: Student shall have been directly impacted by cancer either personally or by an immediate family member. Scholarship award will be based on eligibility requirements, financial need, GPA, and school/community involvement.