

The  
*Maria A. Sciara*  
Scholarship Fund

*Dedicated To Fulfilling Educational Dreams*

## The Maria A. Sciara Scholarship

### Scholarship Guidelines

**The Maria A. Sciara Scholarship**, administered by the *Long Island 2 Day Walk To Fight Breast Cancer, Inc.* ([www.li2daywalk.org](http://www.li2daywalk.org)), is designed to provide a one-time award of **\$1000 (One Thousand Dollars)** to a high school senior who aspires to be a teacher and **resides** with a parent or guardian who is a survivor of cancer **or has resided** with a parent or guardian who is a victim of cancer (**other than breast cancer**). Scholarship recipients will be posted on the LI2Day website ([www.li2day.org](http://www.li2day.org)) after May 15, 2010.

**Please include the following check-list with your application:**

To be eligible for this scholarship, Applicant must be:

- A resident of Nassau or Suffolk County, New York,
- Enrolled in high school full-time,
- A graduating senior, and
- Have applied and received acceptance to either a two- or four-year College or University, and
- Reside** with a parent or guardian who is a survivor of cancer **or resided** with a parent or guardian who was a victim of cancer (other than breast cancer)

**The applicant is responsible for insuring that all items listed below are submitted as one (1) package and postmarked by April 15, 2010.**

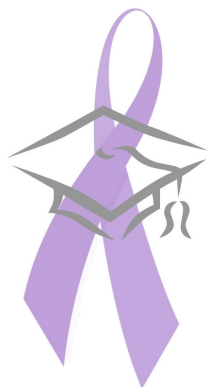
- Completed application and personal statement
- One (1) letter of recommendation
- Copy of official high school transcript
- Proof of acceptance in educational program for 2010-2011 academic year

These scholarships are **NOT** need-based and may be awarded to anyone who applies, based solely on the decision of the Maria A. Sciara Scholarship Committee of the Board of the *Long Island 2 Day Walk To Fight Breast Cancer, Inc.* Recipients, their parents or guardian, and a school representative will be invited to a scholarship awards reception on May 22, 2010. Recipients will also be required to submit a first semester transcript as proof of attendance at an accredited institution.

**NO LATE OR INCOMPLETE APPLICATIONS WILL BE CONSIDERED.**

**Please return this application and accompanying checklist by April 15, 2010:**

**The Maria A. Sciara Scholarship**  
c/o The Long Island 2 Day Walk To Fight Breast Cancer  
P.O. Box 506



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## APPLICATION

**The Maria A. Sciara Scholarship**

**2009–2010 Academic Year**

*(Application deadline: April 15, 2010)*

**Please print, fill out, and mail to:**

**The Maria A. Sciara Scholarship**

**c/o Long Island 2 Day Walk To Fight Breast Cancer**

P.O. Box 506

Nesconset, NY 11767

Attention: MASSF Committee

**The Maria A. Sciara Scholarship**, administered by the **Long Island 2 Day Walk To Fight Breast Cancer, Inc.** ([www.li2day.org](http://www.li2day.org)), is designed to provide a one-time award of **\$1,000 (One Thousand Dollars)** to a high school senior who meets the scholarship criteria, aspires to be a teacher, and **resides** with a parent or guardian who is a survivor of cancer **or resided** with a parent or guardian who was a victim of cancer (other than breast cancer). Applicant must be enrolled in high school full-time, be a graduating senior, and have applied and received acceptance to either a two- or four-year College or University.

**A) To be completed by applicant, please type or print clearly**

Student's Name \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Student's Email Address \_\_\_\_\_

Name of parent/guardian with cancer \_\_\_\_\_

Relationship to student \_\_\_\_\_ **This individual must reside with the student.**

High School Name \_\_\_\_\_ School Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

High School Rank \_\_\_\_\_ out of \_\_\_\_\_ High School Average \_\_\_\_\_ SAT or ACT Composite \_\_\_\_\_

**Educational Plans**

School/College/Program Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Do you plan to enroll \_\_\_ Full-time \_\_\_ Part-time Tuition and fees: \$ \_\_\_\_\_

**B) Please list any extracurricular activities, clubs, or part-time employment you have participated in within the past year, or attach resume.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C) Personal Statement: On a separate, typewritten sheet briefly describe (250 words or less):**

- How has your parent or guardian’s cancer influenced you in pursuing your educational dreams?
- What attributes do you possess because of this experience and how will they contribute to your success as a teacher?

**Please return this application and accompanying check-list by April 15, 2010 to:**

The Maria A. Sciara Scholarship  
c/o The Long Island 2 Day Walk To Fight Breast Cancer  
P.O. Box 506  
Nesconset, NY 11767  
Attention: MASSF Committee

**I agree and consent to the use of my name, likeness, and/or personal story if I am chosen as a winner of the Maria A. Sciara Scholarship. I understand that I will not be provided with any compensation for this use, and that my name, likeness, and/or personal story may be used, at the discretion of the Maria A. Sciara Scholarship Committee and the LI2Day Walk Board of Directors, in print, television, radio, or electronic media.**

\_\_\_\_\_  
*Student’s signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*date*