The Maria A. Sciara Scholarship: NEW Guidelines

The Maria A. Sciara Scholarship, administered by the LI2Day Walk (www.li2daywalk.org), is designed to provide a one-time award of $2000 to a high school senior who is a survivor of cancer resides with a parent or guardian who is a survivor of cancer (other than breast cancer or other women’s cancer) or has resided with a parent or guardian who has passed from cancer (other than breast cancer or other women’s cancer). NEW: Aspiring teachers will be given extra consideration, but it is no longer the criteria to apply for the scholarship. Names of Scholarship recipients will be posted on the LI2Day website (www.li2day.org) after May 15, 2018.

Please include the following check-list with your application:

To be eligible for this scholarship, Applicant must be:
O A resident of Nassau or Suffolk County, New York,
O Enrolled in high school full-time,
O A graduating senior, and
O Have applied and received acceptance to either a two- or four-year College or University, and
O A survivor of any cancer (other than breast cancer and/or other women’s cancer) or reside with a parent or guardian who is a survivor of cancer, or resided with a parent or guardian who has passed from any cancer (other than breast cancer and/or other women’s cancer)

The applicant is responsible for insuring that all items listed below are submitted as one (1) package and postmarked by April 2, 2018.
O Completed application and personal statement (one page or less)
O One (1) letter of recommendation
O Copy of official high school transcript
O Proof of acceptance in educational program for 2018-2019 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 LI2DAY. Emphasis is placed on how well the essay addresses how the applicant was affected by cancer. Recipients, their parents and/or guardian will be invited to a scholarship awards reception in May 2016 to receive their scholarships.

NO LATE OR INCOMPLETE APPLICATIONS WILL BE CONSIDERED.

Please return this application and accompanying checklist by April 2, 2018:
The Maria A. Sciara Scholarship
c/o the LI2Day Walk
P.O. Box 506 Nesconset, NY 11767
Attention: MASSF Committee
APPLICATION

The Maria A. Sciara Scholarship

(Application deadline: April 2, 2018)

Please print, fill out, and mail to:

The Maria A. Sciara Scholarship
c/o LI2Day Walk
P.O. Box 506 Nesconset, NY 11767
Attention: MASSF Committee

The Maria A. Sciara Scholarship, administered by the LI2Day Walk (www.li2day.org), is designed to provide a one-time award of $2,000 to a high school senior who meets the scholarship criteria and is a survivor of any cancer (other than breast cancer and/or other women's cancer) or resides with a parent or guardian who is a survivor of cancer or resided with a parent or guardian who has passed from cancer (other than breast cancer and/o other women's cancer). Those aspiring to become a teacher will be given additional consideration.

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___/___/____
Home Phone (_____) ______-________
Street Address_______________________________ ________________________________
City________________________ State_______ ZIP Code____________________
Student’s Email Address_____________________________________________________________________
I am a cancer survivor □ or Name of parent/guardian with cancer ________________________________

Relationship to student ___________________________ This individual must reside/has resided with the student.
High School Name________________________________________ School Phone (_____) _____-________
School Address_____________________________________________________________________________________
City________________________ State_______ ZIP Code____________________
Guidance Counselor Name and Email______________________________________________________________
High School Rank_______ out of_______ High School Average________ SAT or ACT Composite________

Please let us know how you heard about our scholarship (please check all that apply):
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) On the space provided below or on a separate sheet, please list any extracurricular activities, clubs, or part-time employment you have participated in during your four years of high school. Specify how many months or years you participated and approximate time spent each week.  

_______________________________________  _____________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

C) Personal Statement: On a separate, typewritten sheet briefly describe (one page or less):

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

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The Maria A. Sciara Scholarship
 c/o The LI2Day Walk
 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