



## The Maria A. Sciara Scholarship: NEW Guidelines

The Maria A. Sciara Scholarship, administered by the LI2Day Walk. ([www.li2daywalk.org](http://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](http://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:**

- 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
- 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.**

- Completed application and personal statement (one page or less)
- One (1) letter of recommendation
- Copy of official high school transcript
- 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](http://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):**

Guidance Department       PTA       Website       Other \_\_\_\_\_

**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.**

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**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?

**Please return this application and accompanying check-list by April 2, 2018 to:**

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