



## The Maria A. Sciara Scholarship

**Maria A. Sciara Scholarship:** This is a \$2,500 scholarship that will be awarded to 3 graduating seniors in Nassau and Suffolk Counties. The student must be a survivor of any cancer other than breast cancer and/or other women's cancers, or reside or have resided with a parent or guardian who is a survivor of any cancer other than breast cancer and/or other women's cancers, or have resided with a parent or guardian who has passed from any cancer other than breast cancer and/or other women's cancers. Those aspiring to become teachers will be given extra consideration for this scholarship but pursuing an education to become an educator IS NOT required to apply.

Names of Scholarship recipients will be posted on the LI2Day website ([www.li2day.org](http://www.li2day.org)) after May 15, 2020.

**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
- Is a survivor of cancer other than breast cancer, reside** with a parent or guardian who is a survivor of any 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 ensuring that all items listed below are submitted as one (1) package and postmarked by April 1, 2020.**

- 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 2020-2021 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 2020 to receive their scholarships.

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

**Please return this application and accompanying checklist post marked by April 1, 2020:**

The Maria A. Sciara Scholarship  
Jill Stone  
Cold Spring Harbor Laboratory  
One Bungtown Rd  
Cold Spring Harbor, NY 11724



## APPLICATION

### The Maria A. Sciara Scholarship

(Application deadline: **POST MARKED** By April 1, 2020)

Please print, fill out, and mail to:

**The Maria A. Sciara Scholarship**

c/o Jill Stone

Cold Spring Harbor Laboratory

One Bungtown Rd

Cold Spring Harbor, NY 11724

**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 **\$2,500** to a high school senior who meets the scholarship criteria and is a survivor and/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 survivor \_\_\_\_\_ YES \_\_\_\_\_ NO

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 a separate sheet, please provide a typewritten list of 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 cancer has affected your life and why you believe you are a strong candidate for this scholarship.**

**D) If applicable, on a separate typewritten sheet, please detail your experience with LI2DAY. Please provide name of person (yourself or your parent/guardian) who participated in the LI2Day Walk as a walker or volunteer. Please provide years of participation.**

**Please return this application and accompanying check-list POST MARKED by April 1, 2020 to:**

**The Maria A. Sciara Scholarship  
c/o Jill Stone  
Cold Spring Harbor Laboratory  
One Bungtown Rd  
Cold Spring Harbor, NY 11724**

**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