

SCHOLARSHIP FUND

Thomara Latimer Cancer Foundation
Franklin Plaza Center
29193 Northwestern Hwy #528
Southfield, Michigan 48034



Eligibility Requirements:

- African American student, ages 17-30 and Michigan resident
- high school senior accepted to an accredited college/university or a medically related program (e.g., medical technician, physician's assistant, etc.)
- or**
- college student admitted to a medically related professional program; e.g., nursing, medicine, physical or occupational therapy
- or**
- cancer survivor, between the ages of 17-30, pursuing higher education at a college/university, in a medically related program
- and**
- two letters of recommendation on official stationery from school, community, and/or church representatives
- official transcript with G.P.A.
- minimum G.P.A.: 1) high school applicants – overall 3.0 upon graduation
2) college students – overall 3.0 G.P.A.

TLCF RECIPIENTS MAY ONLY RECEIVE THE AWARD TWICE.

Application Procedures:

Applicants must submit the following:

- a completed application
- a copy of the acceptance letter or proof of attendance from the student's college/university or medically related program (last grade report or college transcript)
- two letters of recommendation on official stationery from school, community, and/or church representatives
- a brief essay on why you should be awarded the scholarship
- official transcript with G.P.A.

The application deadline is **December 17, 2007**. Completed application packets, including all of the items listed above must be received by the deadline date and sent to:

Thomara Latimer Cancer Foundation
Franklin Plaza Center
29193 Northwestern Hwy #528
Southfield, Michigan 48034-1006

For additional information, please feel free to call: (248) 557-2346 or e-mail us at www.thomlatimercares.org

Recipients of the Scholarship Award will be notified by January 31, 2008.

Recipients must attend the Annual Scholarship Gala, Saturday, March 8, 2008, 6:00 P.M., to receive award.

Note: AWARD MUST BE USED BY MARCH 8, 2009.

Thomara Latimer Cancer Foundation Scholarship Application

PERSONAL INFORMATION

Applicant's Name

(Last) (First) (Middle)

Home Address:

Street # City State Zip Code Telephone

Your Univ./College Address City State/Zip Code

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Telephone Number / Social Security Number

Your E-mail address / Birthday (Month/Day/Year)

School Currently Attending

Address City State Zip Code

Family/Legal Guardian Data:

Mother:

Name (Last) (First) (Middle)

Address Street# City

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State Zip Code Telephone Number

Employer Occupation

Father:

Name (Last) (First) (Middle)

Address Street# City

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State Zip Code Telephone Number

Employer Occupation



Cancer Survivor? _____
Yes No

APPLICANT'S EDUCATIONAL BACKGROUND

High School Students Only

Name of High School:

Graduation year and month _____ ACT Score
and/or SAT _____

Current high school grade point average: _____
Name and address of College/University, or medically
related program you plan to attend:

Have you been accepted? ____ Yes ____ No
Intended Major or field of study:

Extra Curricular Activities

Honors/Awards/Special Recognitions

Have you received TLCF award before? ____ Yes
____ No
If yes, what year? _____

Community Involvement (Volunteer, Group Projects,
Church Activities)

COLLEGE/POST HIGH SCHOOL STUDENTS ONLY

Name of university/college OR Medically related program
in which you are currently enrolled or planning to attend:

University/College Classification (*please check*):

Freshman ___ Sophomore ___ Junior ___ Senior
___ Graduate ___ Other ___

Last semester/term attended: ___ Fall ___ Winter
___ Spring ___ Summer ___ Year: ___

I am next planning to attend: ___ Fall ___ Winter
___ Spring ___ Summer ___ Year

Major or field of study:

G.P.A. _____

Applicant's Signature

Submit to: Thomara Latimer Cancer Foundation
Franklin Plaza Center
29193 Northwestern Hwy #528
Southfield, Michigan 48034-1006

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