



Supporting
Comprehensive Health
Care Services for Children
with Cancer and Blood
Disorders Since 1976

2101 Millburn Avenue
Maplewood, NJ 07040

Tel (973) 761-0422
Fax (973) 761-6792

www.thevaleriefund.org

The Valerie Fund Scholarship Application

2024

The Valerie Fund Scholarship is a selective scholarship opportunity which grants monetary awards to current and former patients of The Valerie Fund for post high school educational. The scholarship program is intended to encourage current and former patients to further their education, while reducing the financial impact on their families.

Patients can apply for both our general and named scholarship programs. In the past, The Valerie Fund scholarships ranged from \$500 - \$10,000+.

For this 2024 school year, we have the opportunity to award three scholarships of \$25,000. So, we encourage everyone to do an exceptional job of explaining how this scholarship will impact you and why it is important using the criteria below.

Criteria:

Scholarship awards will be reviewed with an emphasis on the following:

- Academic Achievement
- Determination and motivation
- Community involvement
- Financial need

Process:

- Applications are due by **Friday, March 29, 2024** with all supporting essays, recommendations and financial information.
- The Scholarship Committee will review all completed applications and expects to send out all decisions by **late May, 2024**.
- Annual awards will be paid directly to the educational institution.
- The Valerie Fund may not award scholarships to all applicants.

For more information, please contact Barry Kirschner
at (973) 761-0422 or by email at bkirschner@thevaleriefund.org

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INSTRUCTIONS:

1. All applicants must complete all the following pages including the Statement of Financial Need on page 5.
2. To be eligible for a Named Scholarship you must complete one essay based on the criteria on page 7.
3. If you are a returning college student, you must attach a copy of your most current grades.
4. **All applications are due by Friday, March 29, 2024.**
5. **Incomplete or late applications will NOT be accepted.**

Please mail completed materials to:

**The Valerie Fund
Scholarship Committee
2101 Millburn Avenue
Maplewood, NJ 07040**

The Valerie Fund Scholarship Application

APPLICANT

| | | | | |
|---|---------------------|------------------------|--------|--------------|
| FIRST NAME | MIDDLE NAME | LAST NAME | | |
| STREET ADDRESS | | | | APARTMENT |
| CITY | STATE | ZIP | COUNTY | |
| GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary | PRONOUN | DATE OF BIRTH | AGE | |
| EMAIL ADDRESS | | PARENT'S EMAIL ADDRESS | | |
| CELL PHONE | PARENT NAME & PHONE | | | TODAY'S DATE |

VALERIE FUND CENTER

| | | | | |
|---------------------------------------|--|---|--------------------------------------|--|
| NAME OF TREATMENT CENTER | | | | |
| <input type="checkbox"/> MONMOUTH | <input type="checkbox"/> MORRISTOWN | <input type="checkbox"/> NEWARK BETH ISRAEL | <input type="checkbox"/> NJ CHOP | <input type="checkbox"/> NY PRESBYTERIAN |
| <input type="checkbox"/> OVERLOOK | <input type="checkbox"/> SAINT BARNABAS | <input type="checkbox"/> ST. JOSEPH'S | <input type="checkbox"/> STONY BROOK | |
| NAME OF DOCTOR | | NAME OF SOCIAL WORKER | | |
| DIAGNOSIS OF CANCER OR BLOOD DISORDER | ARE YOU CURRENTLY RECEIVING TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | DATE OF DIAGNOSIS | |

HIGH SCHOOL

| | | | | |
|---------------------|---|----------------------------|--------|--|
| NAME OF HIGH SCHOOL | | HIGH SCHOOL CITY / STATE | | |
| GRADUATION DATE | DIPLOMA EARNED <input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED | NAME OF GUIDANCE COUNSELOR | HS GPA | |

COLLEGE / TRADE SCHOOL (IF ALREADY ENROLLED)

| | | | | |
|--|--------------|---------------------------------------|-----|--|
| NAME OF INSTITUTION | PHONE NUMBER | STUDENT # (DO NOT LEAVE BLANK) | | |
| ADDRESS | CITY | STATE | ZIP | |
| COLLEGE CLASS IN FALL 2024 (FRESHMAN, SOPH, JUNIOR, SENIOR OR GRAD SCHOOL) | | NUMBER OF PLANNED CREDITS - FALL 2024 | | |
| CURRENT COLLEGE GPA (if already enrolled) | | ANTICIPATED GRADUATION DATE | | |

The Valerie Fund Scholarship Application

COLLEGE / TRADE SCHOOL

| PROJECTED MAJOR | | | | | | | | | | |
|---|--------|--------|--|--|--|--|--|--|--|--|
| IF YOU ARE CURRENTLY IN COLLEGE, YOU <u>MUST</u> ATTACH A COPY OF YOUR CURRENT TRANSCRIPT OR GRADE REPORT. | | | | | | | | | | |
| HAVE YOU RECEIVED A VALERIE FUND SCHOLARSHIP IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| IF YES, IN WHAT YEARS AND IN WHAT DOLLAR AMOUNT? | | | | | | | | | | |
| <table border="1"><thead><tr><th>YEAR</th><th>AMOUNT</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table> | YEAR | AMOUNT | | | | | | | | |
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COMMUNITY INVOLVEMENT

| | |
|---|-------------------------------|
| DO YOU CURRENTLY VOLUNTEER YOUR TIME FOR ANY AGENCY IN YOUR COMMUNITY OR AT YOUR SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF YES, WHAT IS THE NAME OF THE ORGANIZATION WHERE YOU HAVE VOLUNTEERED YOUR TIME? | |
| NAME OF CONTACT PERSON | CONTACT PERSON'S PHONE NUMBER |

The Valerie Fund Scholarship Application

PLEASE TELL US ABOUT YOUR VOLUNTEER SERVICE AND WHAT YOU HAVE GAINED FROM THE EXPERIENCE.
(ATTACH AN EXTRA SHEET IF NEEDED)

The Valerie Fund Scholarship Application

Your Financial Need for the School Year Starting Fall 2024

NAME _____

Name of School you plan to attend (if known) _____

If you are a High School Senior, please list a few colleges you are waiting to hear from.

1. _____
2. _____
3. _____

| | |
|--|-------|
| 1. Total cost of attendance (tuition, fees, housing) | _____ |
| 2. Amount of scholarships/grants (<i>not including this one</i>) | _____ |
| 3. Amount of unmet need (subtract line 2 from line 1) | _____ |
| 4. Amount of federal student loans you plan to take | _____ |

The Valerie Fund Scholarship Application

We encourage every applicant to complete the essay on this page.

To be eligible for a Named Scholarship you must complete all of the following:

(Recipients of the Named Scholarships will be judged based on the quality of your essay and your financial need.)

1. Please explain your family's financial situation and how this scholarship will impact your ability to attend college.
2. **In an essay of no more than two pages**, please expand on either of these topics:
 - a. What special attributes or achievements set you apart from other people your age?
 - b. Why are you a good candidate to receive this scholarship?
3. If there is anything else you would like us to consider, please include it in your essay.

REMINDERS:

- Please note that the Committee will not read an essay of more than 2 pages!
- In addition to your statement of financial need, you must include the first page of your parents' most recent federal tax return.
- Please blacken or cross out all Social Security Numbers on all tax forms.

SUBMISSION REQUIREMENTS

Students who receive a Valerie Fund Named Scholarship will be required to submit a high resolution photo at a later date.

Please initial here to authorize release of your name, photo, essays and story for use by The Valerie Fund for promotional purposes and on our website.

Parent/Guardian _____

Applicant _____