



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

# THE VALERIE FUND SCHOLARSHIP APPLICATION

2021

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 expenses such as tuition and books. The scholarship program is intended to encourage current and former patients to further their education, while reducing the financial impact on their families.

2101 Millburn Avenue  
Maplewood, NJ 07040

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

[www.thevaleriefund.org](http://www.thevaleriefund.org)

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

## 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 26, 2021** with all supporting essays, recommendations and financial information.
- The Scholarship Committee will review all completed applications and expects to send out all decisions by May 15, 2021.
- Annual awards will be paid directly to the educational institution.
- The Valerie Fund may not award scholarships to all applicants.

**For more information please call Barry Kirschner at  
973-761-0422**

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## INSTRUCTIONS



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1. All new 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 6.
3. If you are a returning college student, you must attach a copy of your most current grades.
4. **All applications are due by March 26, 2021.**
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 INITIAL	LAST NAME
STREET ADDRESS		APARTMENT
CITY	STATE	ZIP
		COUNTY
GENDER	DATE OF BIRTH	AGE
<input type="checkbox"/> Male <input type="checkbox"/> Female	/   /	
HOME EMAIL ADDRESS		
HOME PHONE NUMBER/ CELL PHONE		TODAY'S DATE

## VALERIE FUND CENTER

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

## HIGH SCHOOL

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

## COLLEGE / TRADE SCHOOL (IF ALREADY ENROLLED)

NAME OF INSTITUTION	PHONE NUMBER	<b>STUDENT # (DO NOT LEAVE BLANK)</b>
ADDRESS		
CITY	STATE	ZIP
COLLEGE CLASS IN FALL 2021? (FRESHMAN, SOPH, JUNIOR, SENIOR OR GRAD SCHOOL)	NUMBER OF PLANNED CREDITS - FALL 2021	Current College GPA (if already enrolled)

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## COLLEGE / TRADE SCHOOL

PROJECTED MAJOR	NAME OF ACADEMIC COUNSELOR
<b>IF YOU ARE CURRENTLY IN COLLEGE, YOU <u>MUST</u> ATTACH A COPY OF YOUR CURRENT TRANSCRIPT.</b>	
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? _____	

## 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
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 2021**

**NAME** \_\_\_\_\_

**Name of School you plan to attend (if known)** \_\_\_\_\_

**If you are a H.S. Senior, please list a few colleges you are waiting to hear from.**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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

# THE VALERIE FUND SCHOLARSHIP APPLICATION

## Named Scholarship Essays

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

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

(The recipients of the Named Scholarships will be judged based on two components: 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.

**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.**

**\*Note: Please blacken or cross out all Social Security Numbers on all tax forms.**

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### 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 \_\_\_\_\_