



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

2101 Millburn Avenue
Maplewood, NJ 07040

Tel (973) 761-0422
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www.thevaleriefund.org

THE VALERIE FUND

SCHOLARSHIP APPLICATION FOR RETURNING AWARD WINNERS

2023

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.

This application is only for those previous scholarship winners who apply to have their scholarship renewed for the 2023-24 school year.

Criteria

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

- Academic Achievement
- Financial need

Process

- Applications are due by **Friday March 31, 2023** 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 19, 2023.
- 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**

THE VALERIE FUND SCHOLARSHIP APPLICATION



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INSTRUCTIONS

1. All renewing applicants must complete all of the following pages.
2. If you are a returning college student, you must attach a copy of your most current grades. You must also supply the first page of your parents' most recent tax return
3. **All applications are due by March 31, 2023.**
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**

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APPLICANT

FIRST NAME	MIDDLE INITIAL	LAST NAME
STREET ADDRESS		APARTMENT
CITY	STATE	ZIP
		COUNTY
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH / /	AGE
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? <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 2023 (FRESHMAN, SOPH, JUNIOR, SENIOR OR GRAD SCHOOL)	NUMBER OF PLANNED CREDITS - FALL 2023	Current College GPA

**THE VALERIE FUND
SCHOLARSHIP APPLICATION**

Your Financial Need for the School Year Starting Fall 2023

Current School Name _____

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

1. Total cost of attendance (tuition, fees, housing)	
2. Amount of scholarships/grants (not including this one)	
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

Renewing Scholarship Essay

In order to have your renewal application reviewed, **you must submit an essay of no more than 2 pages** sharing with the committee your goals, community involvement, collegiate accomplishments, your course of study and any other information you'd like to share within this application. We love to hear how you're doing in college and beyond!

***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.**

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_____