



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

2025

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+. 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 Monday, March 31, 2025** with all supporting essays, recommendations and financial information.
- The Scholarship Committee will review all completed applications and expects to send out all decisions by **mid-May 2025**.
- 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**

The Valerie Fund Scholarship Application



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

INSTRUCTIONS:

1. All applicants must complete all the following pages including the Statement of Financial Need on page 6.
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 Monday, March 31, 2025.**
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"/> 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 2025 (FRESHMAN, SOPH, JUNIOR, SENIOR OR GRAD SCHOOL)		NUMBER OF PLANNED CREDITS - FALL 2025	
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								
YEAR	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

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 2025

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: _____