

**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***

### 2101 Millburn Avenue

##### Maplewood, NJ 07040

**Tel (973) 761-0422**

#### Fax (973) 761-6792

### www.thevaleriefund.org

**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**

**Applicant**

|  |  |  |
| --- | --- | --- |
| First NameEnter first name & tab to next field | Middle name  | Last Name  |
| Street Address   | Apartment  |
| City  | State  | Zip  | County  |
| Gender[ ]  Male [ ]  Female [ ]  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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] MONMOUTH  | [ ]  MORRISTOWN  | [ ]  NEWARK BETH  | [ ]  NJ CHOP  | [ ]  NY PRESBYTERIAN |
| [ ]  OVERLOOK  | [ ]  ST. BARNABAS  | [ ]  ST. JOSEPH’S  | [ ]  STONY BROOK  |

 |
| Name of Doctor  | Name of Social Worker  |
| Diagnosis of Cancer or Blood Disorder  | Are you currently receiving treatment?[ ]  YES [ ]  NO | Date of Diagnosis  |

**High School**

|  |  |
| --- | --- |
| Name of High School  | High School City / State  |
|  Graduation Date  | Diploma Earned[ ]  DIPLOMA [ ] 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  |

 **College / Trade School**

|  |
| --- |
| Projected Major  |
|  **If you are currently in college, you must attach a copy of your current transcript** **OR GRADE REPORT.** |
| Have you received a Valerie fund scholarship in the past? [ ]  YES [ ]  NOIf yes, in what years and in what dollar amount?

|  |  |
| --- | --- |
| **year** | **amount** |
|   |   |
|   |   |
|   |   |
|   |   |

 |

**Community involvement**

|  |
| --- |
| Do you currently volunteer your time for any agency in your community or at your school? [ ]  YES [ ]  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*)

Click or tap here to enter text.

**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)**
 |   |  |  |
| 1. **Amount of scholarships/grants *(not including this one)***
 |   |  |  |
| 1. **Amount of unmet need (subtract line 2 from line 1)**
 |   |  |  |
| 1. **Amount of federal student loans you plan to take**
 |   |  |  |
|  |  |  |  |

**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.

1. **In an essay of no more than two pages**, please expand on either of these topics:
	1. What special attributes or achievements set you apart from other people your age?
	2. Why are you a good candidate to receive this scholarship?
2. 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:** |   |