



## The Lep Foundation for Youth Education

# cure<sup>®</sup>

### **2016 CURE - Cancer Support Scholarship: *Youth Education Assistance for Cancer Survivors***

The CURE – Cancer Support Scholarship has been created by the Lep Foundation for Youth Education (a public charity that provides financial assistance to survivors of childhood cancer seeking to further their education).

#### **Purpose**

**CURE<sup>®</sup> Magazine** is the indispensable guide to every stage of the cancer experience combining science and humanity to make cancer understandable. The **Lep Foundation** and **CURE Media Group** work in a collaborative effort to support students who are cancer survivors and have shown the courage and determination to complete their college education despite significant challenges. This scholarship will help cover college costs for these individuals who have experienced financial hardship due to overwhelming medical expenses. The scholarship will be awarded to a qualified individual seeking to further their education by attending college. The amount of the scholarship is **\$5,000**.

#### **Eligibility**

The scholarship is designated for students who were diagnosed with cancer in childhood and whose disease and related treatments placed a significant financial burden on them and their families. Scholarship recipients must furnish a letter of confirmation by a licensed physician as proof of their cancer diagnosis. Please note that this documentation will be required following the award notification and should not be submitted with the application. Applicant must reside in the United States of America.

#### **Additional Criteria**

The recipient must demonstrate academic achievement through evidence of working to one's potential and be accepted for admission at an institution of higher education, e.g. college, community college, university or vocational school. All grades must be substantiated by official documentation.

#### **Submission Materials**

Applications must include a one-page essay regarding your diagnosis and the challenges that you and your family faced due to cancer and cancer-related treatments. Include information regarding your goals and future ambitions. Provide an official school transcript, three (3) letters of recommendation from non-family members, and a completed Federal Student Aid form (FAFSA). All listed submission materials and application information must be included in order for the application to be reviewed.

#### **Deadline**

Submission materials must be mailed or e-mailed no later than June 1, 2016 to: Lep Foundation Scholarship Selection Committee, 9 Whispering Spring Drive, Millstone Twp., NJ 08510, email applications to [lepfoundation@aol.com](mailto:lepfoundation@aol.com). Please include the application and all required attachments. E-mail applications must include digital copies of all required submission materials. Due to the high volume of applicants, only award recipients will be notified.

Scholarship awards may be used for tuition costs. All checks are paid to the school directly. In order to receive payment, a student must have the school send to our offices the completed Verification of Enrollment form, where upon we will issue a check, payable to the school, and mail it directly to the school to establish a credit in the name of the student. The student will be notified when the check is mailed. It is the responsibility of the student to follow up on all matters relating to his or her scholarship award.

**Lep Foundation Scholarship Selection Committee  
9 Whispering Spring Drive  
Millstone Twp., NJ 08510**



# The Lep Foundation for Youth Education

Name:
Address:
Phone:
Email:
Date of Birth:
High School and Town:
Grade Point Average:
Colleges to which you have applied/been accepted:
School Activities:
Community Activities:
Employment Experience:

I. Using a separate piece of paper, briefly state your career goals and ambitions for the future.



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II. Using a separate piece of paper, write or type a 500 word essay describing why you feel you are the best candidate for this award.

## Financial Need Report

Father's/Guardian's Name:	
Address:	
Place of Employment:	
2015 IRS Income (Proof of income may be requested)	
Mother's/Guardian's Name:	
Address:	
Place of Employment:	
2015 IRS Income: (Proof of income may be requested)	
Other Income (such as child support payments)	
Other Awards/Income Received by Applicant	
Signature of Father/Guardian	Date
Signature of Mother/Guardian	Date

I agree that all the aforementioned information submitted on this application to The Lep Foundation is correct and truthful to the best of my knowledge. I am also aware that if any of the information is found to be incorrect or untruthful, my application will be withdrawn for consideration and I will not be eligible to receive an award. By signing this application, the applicant releases the use of his/her name and pictures if he/she is selected an award recipient.

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Signature of Applicant

Date

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