

Lisa Martz Hope Scholarship Application

2017/2018

Application Deadline: December 31, 2016

To be considered for this scholarship, you must meet the following criteria:

- Be currently enrolled in, or admitted to, a degree-granting program at a 2 year or 4 year institution
- Be a U.S. citizen and a resident of the state of Alabama
- Have a minimum GPA of 2.5
- Have been personally impacted by colorectal cancer
- Enclose a one-page essay describing how you have been personally impacted by colorectal cancer. Also describe your career goals and why you have chosen your particular field. Please explain how this scholarship will positively impact you and your family.

Required Documentation:

- Print or type one complete application. Incomplete applications will not be accepted.
- Two letters of recommendation must be included. We would encourage you to submit a letter from a teacher, counselor, coach, or employer.

Scholarship recipients are required to participate in at least one colorectal cancer awareness event during the school year in which they receive the scholarship. You may complete this on your own or by participating in a community event with Rumpshaker, Inc.

Scholarships are awarded for one year only. You may reapply each academic year by submitting a new application form. To qualify for a renewal scholarship you must have participated in a community event for colorectal cancer awareness and discuss that volunteer service in your essay.

**Lisa Martz Hope Scholarship
2017-2018 Application Checklist**

Please be sure to include one copy of the following items in your package and mail to the address below. Must be postmarked by December 31, 2016.

_____ **Complete Application**

_____ **One Page Essay**

_____ **Recommendation Letter**

_____ **List of honors, activities, community or other volunteer work**

MAIL COMPLETE APPLICATION PACKAGE TO:

The Lisa Martz Hope Scholarship Fund

P.O. Box 13023

Birmingham, AL 35202

Lisa Martz Hope Scholarship 2017-18 Scholarship Application Form

Student Information:

Applicant's Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Date of Birth: _____

U.S. Citizen: Yes _____ No _____

Parent or Guardian Information:

Parent or Guardian Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Sibling Information:

Names and ages: _____

Personal Reference Information:

Personal Reference's Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Relationship to Applicant: _____

Personal Reference Information:

Personal Reference's Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Relationship to Applicant: _____

Personal Reference Information:

Personal Reference's Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Relationship to Applicant: _____

Student Education Information:

Current High School or College: _____

Address: _____

Phone: _____ Anticipated Graduation Date: _____

How did you hear about this scholarship? _____

Future Academic Plans:

College/University you plan to attend: _____

Major: _____ Anticipated Year of Graduation: _____

Student/Parent/Guardian Affirmation:

Both the student and parent/guardian (if applicant is under 21 years of age) must read the following statement and sign below.

We affirm that all information provided in this application is accurate to the best of our knowledge.

_____	_____	_____
Applicant Signature	Print Name	Date
_____	_____	_____
Parent/Guardian Signature	Print Name	Date

I understand that if I am chosen as a Lisa Martz Hope Scholarship recipient, I will be required to complete a colorectal cancer awareness community event during the school year.

_____	_____	_____
Applicant Signature	Print Name	Date