

# **Lisa Martz Hope Scholarship Renewal 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 about your college experience thus far and how the Lisa Martz Hope Scholarship has and will continue to positively impact your family. Discuss the colorectal cancer event(s) in which you have participated or plan to participate in this year.

### **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.

_____	_____	_____
<b>Applicant Signature</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Parent/Guardian Signature</b>	<b>Print Name</b>	<b>Date</b>

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.

_____	_____	_____
<b>Applicant Signature</b>	<b>Print Name</b>	<b>Date</b>