

DEADLINE: May 1, 2024

(All application documents, including reference letters, must be received by the deadline)

The Scott J. Reisser Memorial Scholarship Fund The Making Headway Scholarship Fund

APPLICATION

Note: This application can either be completed digitally, by hand (please print) or responses can be formatted in MS Word and typed or cut and pasted into the application.

Name:		
DOB:		
Address:		
*City, State and Zip:		
Home Phone Number:	Cell:	
Email Address:		
Name and address of high school attended:		

^{* -} All applicants must be a brain or spinal cord tumor survivor living in NY, NJ, or CT metropolitan area. See requirements for more information.

NOTE: While information regarding test scores and academic performance is requested, such information will not be the focus of the Selection Committee's decision. Consideration will be given to the overall application and most importantly the candidate's ability and desire to overcome the challenges presented with a brain or spinal cord tumor diagnosis as well as his or her need for financial assistance.

Date of HS Graduation:		
Type of Diploma: ☐ Scholastic	☐ Special Education	☐ Other (Describe)
If GED obtained, give date rece	ived:	
Most recent GPA:	SAT:	ACT:
Dates of the above scores:		
Please list any honors/awards	s/special recognition re	eceived:
Briefly, tell us about your brai and places where treatment w		r diagnosis and treatment. Include dates
attending and attach proof of	acceptance and docur ccepted, please forwar	l-year) or vocational program you will be mentation of costs for your enrollment. ord proof of acceptance as soon as it is t college major.

<u>Financial Information</u>: Please attach documentation of financial need. Any of the following documents will serve:

- FAFSA Application
- Pell Grant Award Proof
- Most recent tax return (front page only)

If you need information about the FAFSA Application, please go to http://www.fafsa.ed.gov/

Personal Statement: As a separate attachment, please write a brief essay about yourself, your ambitions and how dealing with a brain or spinal cord tumor has impacted your life values and career goals. (Essays must be 11 point type, double spaced, 2 pages maximum.) Letters of Recommendation: Please secure two letters of recommendation. These may be from teachers, educational advisors, or medical professionals. Please provide them with the guidelines and instructions attached to this application. Two copies are included for your convenience. Report Card/Transcript: Please include copy of your most recent, full-year report card or transcript. Would you be available for an interview in the New York area at a convenient time, if requested? ☐ Yes
☐ No **DISCLOSURE:** I certify that all statements in this application are true. I understand that if I have not been truthful in any aspect of this process, I become ineligible for a scholarship and any funds I have been awarded will be terminated. I understand that all medical and financial information will remain confidential. Applicant's Signature Date Parent/Guardian Signature Date (Parent or Guardian must also sign if applicant is under 18.) Mail your completed application with required attachments to: The Making Headway Foundation Scholarships 115 King Street Chappagua, NY 10514 REMINDER: DEADLINE FOR APPLICATION PACKAGE AND LETTERS OF RECOMMENDATION IS MAY 1, 2024! Attachments Checklist: Please make sure you submit the first four items yourself and follow-up with recommendation letters so that all items arrive at the Making Headway office by 5/1/24. **Completed Application with signatures Proof of Acceptance and documentation of cost Personal Statement Demonstration of Financial Need** Letters of Recommendation should be sent directly to the Foundation. Follow-up with those people recommending you to

ensure they have sent the Letters of Recommendation.

Copy of your most recent, full-year report card or transcript.