



Zaching Against Cancer Foundation

Spirit Award Scholarship Application – 2021

The Zaching Against Cancer Foundation (ZACF) is proud to present **six Spirit Award Scholarships** to Maryland students who have excelled in High School while overcoming personal hardship relating to cancer. Hardships include being a cancer survivor, a caregiver for someone with cancer or a relative of a person with cancer. For 2021 the ZACF will provide six \$2,500 scholarships to Maryland High School students in public or private schools who are planning to attend a two- or four-year college.

1. Scholarship Criteria:

- Minimum 2.0 GPA.
- Must be a senior in high school.
- Must plan to attend a two or four-year college or university within the following academic year of receipt of scholarship.
- Must have overcome some sort of significant hardship, medical challenge and/or family issue relating to cancer during their life.
- Complete the Application, including 3 individual nomination forms.
- Is not a family member of a Zaching Against Cancer Foundation Board or Scholarship Selection Committee Member.

2. Application Deadline

The application deadline is April, 1 2021.

No scholarship applications will be accepted after this date.

Winners will be notified by the second week of May and scholarship awards will be presented during the High School Awards Ceremony.

3. Application Procedure

Complete and return all the following information via mail or email:

- Application for ZACF Spirit Award (**MUST BE TYPED**)
- 3 Nomination Forms – two must be from teachers or other school staff (1 of these must be from a teacher)
- High School Transcript
- Letter of recommendation (optional but encouraged)

Return the COMPLETED packet to:

ALL DOCUMENTS ARE REQUIRED AT TIME OF SUBMISSION

Electronically to:

info@zachingagainstcancer.org

or

Mail Hard Copy to:

Zaching Against Cancer Foundation
6700 Alexander Bell Drive, Suite 185
Columbia, MD 21046
Phone - 443-319-5394



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Spirit Award Scholarship Application

SECTION I: PERSONAL INFORMATION

Name: _____
(First) (Middle) (Last)

Short form of first name OR Nickname to be used in press releases and program (e.g. "Tom" or "Sue") _____

Address: _____
(Street) (City) (Zip) (County)

Home Phone # _____ Cell Phone #: _____

E-mail address (Nominee): _____ E-mail address (Parent/Guardian) _____

SECTION II: ACADEMICS

1. Unweighted GPA (Grade Point Average) _____ / Weighted GPA _____ 2. Current High School _____

3. S.A.T. score (Optional): verbal _____; mathematics _____; writing _____; total _____

4. A.C.T. score (Optional): verbal _____; mathematics _____; combined _____

5. List honor societies and scholarship achievements. Please be specific and note each separately. (i.e. Member of National Honor Society, National Merit semi-finalist, etc.)

6. If you have committed to a College/University please tell us the School and your intended major, if known:

SECTION III: EXTRACURRICULAR ACTIVITIES

Describe any activities in which you participate beyond academics (i.e. athletic teams, student government, class officer, editor or staff of the school newspaper or yearbook, member of the concert band, religious or community organizations).

Athletics /Extracurricular

Sport (JV or V)/Club/Activity Years Position Held (Captain/Editor)

Community Activities/Work

Organization	Years	Position Held/Description of Duties

SECTION IV: Essay Questions

Please answer the following questions on a hardship, medical challenge and/or family issue that you have overcome relating to cancer during your years before graduating High School. Hardship could include being a cancer survivor, caregiver, relative or friend of a cancer survivor. Please limit each response to 1,000 words or less.

1) How have you been impacted by Cancer? Explain how this hardship affected you and how you were able to show strength and courage as a survivor or a caregiver.

**Please type your essay answers in a separate document and submit with application.
Please do not exceed 1000 words.**

2) How has Cancer influenced who you are today?

**Please type your essay answers in a separate document and submit with application.
Please do not exceed 1000 words.**

Certification

We hereby certify that all the information contained in this application is true to the best of our knowledge, with the understanding that misstatements will result in disqualification of the applicant from consideration.

Signature of Applicant *Date*

Signature of Parent or Legal Guardian *Date*



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NOMINATION FORM

PLEASE HAVE 3 ADULTS COMPLETE A SEPARATE NOMINATION FORM. Two of these adults must be school administrators, teachers or coaches (one must be a teacher). The third adult may be a work/volunteer supervisor, religious leader, personal family friend etc.

The Zaching Against Cancer Foundation (ZACF) supports scholarships for Maryland high school students planning to attend a two- or four-year college. Please contact info@zachingagainstcancer.org with any questions.

ZACF Spirit Award Scholarship Mission Statement - The ZACF believes that high school students should be recognized for their achievements while overcoming hardships relating to cancer and should be encouraged to pursue education and career goals. The ZACF Spirit Award encourages you to nominate a high school student who has shown academic achievement, leadership skills and strong character when faced with adversity.

Nominated Student's Name: _____

Please rate the above Nominee in each of the following Categories:

	Achievement	Positive Impact in Classroom	Faculty Respect	Disciplined work habits	Maturity	Motivation	Leadership	Reaction to Setbacks	Integrity	Willingness to help	Self Confidence	Initiative	Overall Rating
No Basis													
Below Average													
Average													
Good (above Average)													
Very Good (well above average)													
Excellent (Top 10%)													
Outstanding (top 5%)													

Comments: _____

Name _____ Signature _____
 Relationship to Applicant _____
 School _____
 Address _____ Phone _____

The Zaching Against Cancer Foundation 6700 Alexander Bell Dr. Suite 185 Columbia, MD 21046 443-319-5394