

BOONE COUNTY CANCER SOCIETY



AWARENESS. SERVICE. EDUCATION.

1208 N Lebanon Street
Lebanon, IN 46052
(765) 482-2043
Fax: (765) 481-2262

boonecancersociety@gmail.com
www.boonecountycancersociety.org

Directions:

This application must be filled out **neatly, completely, and accurately**. Any application partially filled out will not be considered for the scholarship. The information can be printed. Please also include an essay/autobiography focusing on your goals for the future. Attach additional skeets as needed. Reference letters, official transcripts and essay should be included with this application but can be sent separately. All information should be returned to the Boone County Cancer Society by Friday, March 21, 2025

I. Personal Information:

Name: _____
Last First Middle

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Marital Status: _____ Number of dependents (if any): _____

Current High School Attending: _____

Rank in High School Senior Class: _____ Number in class: _____

Grade Point Average: _____ SAT: _____ ACT: _____

II. Financial Information:

A. Guardian or Father

Name: _____

Address: _____
City State Zip

Employer: _____ Occupation: _____ Annual Income: _____

B. Guardian or Mother

Name: _____

Address: _____
City State Zip

Employer: _____ Occupation: _____ Annual Income: _____

C. Number of Brothers and Sisters: _____

D. How many members of your immediate family will be attending a post-secondary program in the fall, including yourself? _____

E. What percentage of college expenses do you expect to provide yourself? _____

F. Are you receiving or have you applied for other grants, scholarships, loans or financial aid? Describe all sources of financial aid including amounts. _____

III. Scholastic Information

Please list the university/universities you've applied for or are planning to attend: _____

Please list your intended major and desired occupation: _____

IV. Extracurricular Activities (list all activities, number of years and offices held):

A. Student Activities (student governments, clubs, organizations, etc.): _____

B. Community Activities (scouting, church, etc.): _____

C. Athletics (band, choir, etc.): _____

D. Others: _____

E. Honors and Awards Received: _____

V. Employment History

List all full-time, part-time, and summer employment in chronological order. Add additional sheets if necessary.

1. Company: _____

Hours Per Week: _____ Dates of Employment: _____ Wage: _____

Title and Duties: _____

2. Company: _____

Hours Per Week: _____ Dates of Employment: _____ Wage: _____

Title and Duties: _____

3. Company: _____

Hours Per Week: _____ Dates of Employment: _____ Wage: _____

Title and Duties: _____

VI. Letters of Recommendation

Provide two letters of recommendation. At least one recommendation letter must be from a past or present instructor. The other must be a non-relative.

Letter of Recommendation 1:

Name: _____

Address: _____
City State Zip

Phone Number: _____ Email: _____

Letter of Recommendation 2:

Name: _____

Address: _____
City State Zip

Phone Number: _____ Email: _____

Rules and Requirements:

Eligibility:

- Seniors in High School entering the medical profession.
- Student must be a Boone County resident.

Amount of Scholarship Awarded:

- Amount of Scholarship to be paid: \$750.00