

# SCHOLARSHIP FUND

Thomara Latimer Cancer Foundation  
24001 Southfield Road, Suite 219  
Southfield, Michigan 48075



## Eligibility Requirements:

- Application is open ONLY to African American students, ages 17-30, who are Michigan residents.
- Applicant must be a high school senior accepted to an accredited college/university or a medically related program (e.g., medical technician, physician's assistant, etc.) or
- Must be a college student admitted to a medically related professional program; e.g., nursing, medicine, physical or occupational therapy, AND
- Must submit an official transcript with G.P.A., AND
- Must have a minimum overall G.P.A. of 3.0.

**Note: A personal interview is required.**

**TLCF RECIPIENTS MAY ONLY RECEIVE THE AWARD TWICE.**

## Application Procedures:

Applicants must submit the following:

- a completed application (available at [www.thomlatimercares.org](http://www.thomlatimercares.org))
- a copy of the acceptance letter or proof of attendance from the student's college/university or medically related program (last grade report or college transcript)
- two letters of recommendation on official stationery from school, community, and/or church representatives
- a brief essay on why you should be awarded the scholarship
- an official transcript with G.P.A.

The application deadline is **Friday, December 29, 2017**. Completed application packets, including all of the items listed above, must be received by the deadline date and sent to:

Thomara Latimer Cancer Foundation  
Franklin Plaza Center  
29155 Northwestern Hwy #528  
Southfield, Michigan 48034-1006

For additional information, please feel free to call: (248) 557-2346 or e-mail us at [www.thomlatimercares.org](http://www.thomlatimercares.org)

**Recipients of the Scholarship Award will be notified by Friday, February 9, 2018.**

**Recipients must attend the Annual Scholarship Gala, Saturday, March 17, 2018, 6:00 p.m., to receive award.**

**Note: AWARD MUST BE USED BY MARCH 17, 2019.**

# Thomara Latimer Cancer Foundation Scholarship Application

## **PERSONAL INFORMATION**

Applicant's Name

\_\_\_\_\_  
(Last) (First) (Middle)

Home Address:

\_\_\_\_\_  
Street #

\_\_\_\_\_  
City State Zip Code Telephone

\_\_\_\_\_  
Your Birthdate (mm/dd/yyyy)

\_\_\_\_\_  
Your E-mail address

\_\_\_\_\_  
School Currently Attending

\_\_\_\_\_  
Street #

\_\_\_\_\_  
City State Zip Code Telephone

## **FAMILY/LEGAL GUARDIAN DATA:**

Mother:

\_\_\_\_\_  
(Last) (First) (Middle)

Home Address:

\_\_\_\_\_  
Street #

\_\_\_\_\_  
City State Zip Code Telephone

\_\_\_\_\_  
Employer Occupation

Father:

\_\_\_\_\_  
(Last) (First) (Middle)

Home Address:

\_\_\_\_\_  
Street #

\_\_\_\_\_  
City State Zip Code Telephone

\_\_\_\_\_  
Employer Occupation

Are You A Cancer Survivor? YES NO



## **APPLICANT'S EDUCATIONAL BACKGROUND**

**High School Students Only**

Name of High School:

\_\_\_\_\_

Graduation month and year: \_\_\_\_\_ (mm/yyyy)

ACT Score: \_\_\_\_\_ and/or SAT: \_\_\_\_\_

Current high school grade point average: \_\_\_\_\_

Name and address of College/University, or medically related program you plan to attend:

\_\_\_\_\_

Have you been accepted? Yes

No Intended Major or field of study:

\_\_\_\_\_

## **Extra Curricular Activities**

Honors/Awards/Special Recognitions:

\_\_\_\_\_

Have you received TLCF award before?

Yes No

If yes, what year? \_\_\_\_\_

Community Involvement (Volunteer, Group Projects, Church Activities):

\_\_\_\_\_

## **COLLEGE/POST HIGH SCHOOL STUDENTS ONLY**

Name of university/college OR Medically related program in which you are currently enrolled or planning to attend:

\_\_\_\_\_

University/College Classification (*please check*):

Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_

Graduate \_\_\_ Other \_\_\_

Last semester/term attended: Fall \_\_\_ Winter \_\_\_

Spring \_\_\_ Summer \_\_\_ Year: \_\_\_

I am next planning to attend: Fall \_\_\_ Winter \_\_\_

Spring \_\_\_ Summer \_\_\_ Year: \_\_\_

Major or field of study:

\_\_\_\_\_

G.P.A. \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature

Submit to: Thomara Latimer Cancer Foundation

Franklin Plaza Center

29155 Northwestern Hwy #528

Southfield, Michigan 48034-1006

Application Deadline – December 29, 2017

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