

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)
- 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 27, 2019**. 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

Recipients of the Scholarship Award will be notified by Friday, February 7, 2020.

Recipients must attend the Annual Scholarship Gala, Saturday, March 21, 2020, 6:00 p.m., to receive award.

Note: AWARD MUST BE USED BY MARCH 21, 2021.

Thomara Latimer Cancer Foundation Scholarship Application

PERSONAL INFORMATION

Applicant's Name

(Last) (First) (Middle)

Home Address:

Street # City State Zip Code () Telephone

Your Univ. /College Address City State/Zip Code

()
Telephone Number / Birth date (Month/Day/Year)

Your E-mail address

School Currently Attending

Address City State Zip Code

Family/Legal Guardian Data:

Mother:

Name (Last) (First) (Middle)

Address Street# City

()
State Zip Code Telephone Number

Employer Occupation

Father:

Name (Last) (First) (Middle)

Address Street# City

()
State Zip Code Telephone Number

Employer Occupation



Cancer Survivor? Yes-----No -----

APPLICANT'S EDUCATIONAL BACKGROUND

High School Students Only

Name of High School:

Graduation year and month _____ 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
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