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 Thursday, **December 30, 2021**. 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 48034-1096

For additional information, please feel free to call: (248) 557-2346 or visit us at www.thomlatimercares.org

**Recipients of the Scholarship Award will be notified by Friday, February 18, 2022.**

Because of the Covid-19 Pandemic, the gala will be held virtually.

Recipients are expected to view the virtual gala on Saturday, March 19, 2022, 6:00 p.m., to receive award.

**Note:** AWARD MUST BE USED BY MARCH 24, 2023.
# Thomara Latimer Cancer Foundation Scholarship Application

## PERSONAL INFORMATION

Applicant's Name

(____) (_____)(____)

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

Father:

Name (Last) (First) (Middle)

Address  Street#  City

State  Zip Code  Telephone Number

Employer  Occupation

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

Southfield, Michigan 48034-1006

Application Deadline – December 30, 2021

Note: AWARD MUST BE USED BY MARCH 24, 2024.