

# SCHOLARSHIP FUND

Thomara Latimer Cancer Foundation  
24001 Southfield Road  
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, January 19, 2024**. 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 16, 2024.**

**Recipients must attend the Annual Scholarship Gala, Saturday, March 16, 2024, 6:00 p.m., to receive award**

**Depending upon the status of the Covid-19 Pandemic, gala may have to be postponed or cancelled.**

**Note: AWARD MUST BE USED BY MARCH 16, 2025.**

# 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  
Southfield, Michigan 48034-1006

Application Deadline – January 19, 2024

Note: AWARD MUST BE USED BY MARCH 16, 2025