Noelle Naylor Memorial Scholarship

PURPOSE

The Noelle Naylor Memorial Scholarship is a $1,000 scholarship exclusively for Kenosha Unified students who have had cancer or experienced cancer in his/her immediate family.

ELIGIBILITY

Kenosha Unified School District students who intend to enroll in an accredited college, university or community college. The applicant must have been diagnosed and treated for cancer or have had an immediate family member who has been diagnosed and treated for cancer. An academic transcript must be provided showing a grade point average of at least 3.0, an essay (500 words or less) describing how cancer has affected their life and a letter of recommendation all must accompany this scholarship application.

FINANCIAL DATA

The scholarship award amount is $1,000.00. A grade point average of at least a 3.0 must be maintained. The scholarship award is a one time scholarship. Students must submit a copy of their first quarter/semester transcript prior to scholarship funds being released. The award is to be used for tuition, fees, and college residential costs at an accredited college or university, and will be issued directly to the university.

APPLICATION PROCEDURE

Applications may be obtained from Kenosha Unified High School guidance offices. Completed applications must be submitted by March 15th.
Noelle Naylor Memorial College Scholarship Application

Application Deadline – March 15th

**Applicant Data**

Name_______________________________ Telephone: (___)___________________________

Address______________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Email Address:____________________________________________________________________________

Date of Birth:________________________ Social Security Number:______________________________

Are you a US citizen?____YES _____NO If no, which country?_______________________________

Person with Cancer________________________ Relationship_______________________________

Type of Cancer________________________ Diagnosis Date_______________________________

Oncologist_____________________________ Hospital______________________________

**Academic Information**

High School:____________________________________________________________________________

High School Grade Average (GPA)_______________ Rank:____ out of ____students

Name of college/university you are planning to attend:________________________________________

Are you currently accepted? _____Yes _____No

Intended Course of Study:__________________________________________________________________

Estimated credit hours/semester:___________________________________________________________

Estimated cost of annual tuition/books:____________________________________________________

**Activities and Community Involvement**

List any school or community-related activities or employment:________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
Describe volunteer experiences:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe interests, talents and hobbies outside of school: ______________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe career interests and course of study in college:________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Letter of Recommendation

Please attach one letter of Recommendation from a teacher, counselor, principal, employer, or other person who has knowledge about your work habits, academic progress or other important skills you might have.

Signatures

Signature of Applicant: _______________________________ Date: __________________

Signature of Parent/Guardian: ___________________________ Relationship: __________

OTHER INFORMATION:

1. Attach a current copy of your high school transcript.
2. Attach essay (500 words) describing how cancer has affected their life.
3. Attach letter of recommendation.
4. Return application by March 15th to:

   Education Foundation of Kenosha
   Attention: Stacy Busby
   3600 52nd Street
   Kenosha, WI 53144
   Phone: 359-6172
   Fax: 359-7672