

**Orange Out Foundation
M/C Forever Friends
2022 Scholarship Application**

It is the mission of the Orange Out Foundation to help families battling childhood cancer. In keeping with that mission the successful scholarship candidate will have family experience with childhood cancer. Either personal journey or the journey of a sibling. **This scholarship is open to students graduating (Class of 2022) from an accredited (or home school) high school in the state of Texas, must have been a pediatric cancer patient or sibling of a pediatric cancer patient who was treated in the DFW area.** It should also be noted that all information given freely in this application will be held in the strictest confidence. Any use of testimony will be used only with permission of applicant and family or with the names withheld or change.

Student should complete the application and return the application along with required materials post marked **April 13, 2022** or earlier. (Please note that applications received after April 22, 2022 regardless of postmark will not be considered.) You may email this application to rbrown@orangeout.org with subject line M/C Forever Friends Scholarship. **Please print legibly or type all answers. You may also send essay as a separate document.**

Required materials include:

- Application form
- Current school transcript
- Original work student essay
- Certification from Doctor
- Personal and Academic Reference Letters (Parents may not be Personal Reference)
- Proof of acceptance to university, college, or trade school

Submit complete applications to either.

**Orange Out Foundation
12650 N. Beach St. Suite 114-36
Keller, TX 76244
or
rbrown@orangeout.org**

Please note that all information presented with this application will be kept in the strictest of confidence and will be destroyed after the scholarship has been presented. Applications will be judged 70% original student essay, 20% academics, 10% activities/community service.



Student Last Name:

First name:

Address:

City:

State:

Zip code:

Student email address:

Parent or Guardian Last name:

First name:

Phone number:

Email address:

Student High School Name:

Address:

City:

State:

Zip:

Academic Counselor Name:



Extracurricular activities have you participated with during your high school career:

9th grade:

10th grade:

11th grade:

12th grade:

Have you participated with any community service activities (either with school or outside of school)? If so, please describe:



Medical Certification page:

Scholarship applicant name: _____

The above referenced applicant has been:

_____ treated by my office for a childhood cancer diagnosis.

_____ has a sibling that has been treated by my office for a childhood cancer diagnosis.

Doctor Signature

Date

Doctor Name

Office phone

Office address:





Personal Reference



Academic Reference



Applicant Name:

Your original essay is required for this application. The successful applicant will describe future and goals, how this scholarship will impact those goals, and a personal description of your and your family's journey through childhood cancer. This will be a minimum of 500 words.

Student's Signature

Parent's Signature



FOREVER FRIENDS
SCHOLARSHIP