



THE SANDRA M. GLAZIER MEMORIAL SCHOLARSHIP

APPLICATION FORM

Please return this form (completed front and back), your Student Aid Report (SAR), two letters of recommendation, your three personal essays, a copy of your college acceptance letter and financial aid award letter (if available), a letter of support and validation from a treating physician, and your high school transcript to the Princeton Area Community Foundation at the address below by **March 1**.

Name _____ Date of Birth _____

Address _____

Phone _____

Email: _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

High School(s) attended:

Name	Address	Dates
_____	_____	_____
_____	_____	_____

Graduation Date: _____ College/Institution I plan to attend: _____

beginning date: _____

(Please attach a copy of your acceptance letter)

I intend to study: _____



LEADERSHIP/COMMUNITY SERVICE ACTIVITIES: (Attach an additional sheet if necessary.) Please list all the ways you have been a leader or active volunteer in your school and community.

ACTIVITY	DATES	LEADERSHIP, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXTRACURRICULAR ACTIVITIES: (Attach an additional sheet if necessary.) List all school and/or individual activities in which you have participated in the last four years (sports, the arts, student government, clubs, volunteer projects, religious groups, scouting, etc.).

ACTIVITY	DATES	HONORS/LEADERSHIP, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE: (Attach an additional sheet if necessary.) List any paid work experiences you have had in the past four years.

POSITION	HRS PER WEEK	DATE FROM ... DATE TO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission is granted to publicize receipt of the scholarship if this application is selected.

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____

STUDENT ESSAYS

Attach three, two paragraph essays, each on a separate page. Make sure your name is on each page.

Please answer three of the following five questions (**#1 is mandatory**):

- How will this scholarship affect you and your family?
- How has the experience of cancer in your parent or yourself impacted your life?
- What was your biggest adjustment since your parent's or your own battle with cancer?
- What have you learned from this experience and how might you be able to help others because of it?
- What do you prize more now than before this experience?

ADDITIONAL INFORMATION ABOUT CANCER DIAGNOSIS

In order for a student to be eligible for this scholarship he or she must meet the following criteria:

- Student must have a parent who has been or is afflicted with cancer; or must be battling cancer him/herself. Please provide documentation.