

## **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 15<sup>th</sup>.

noelle's  
~treasure box~

## Noelle Naylor Memorial College Scholarship Application

Application Deadline – March 15th

### Applicant Data

Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

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: \_\_\_\_\_

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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 15<sup>th</sup> to:

**Education Foundation of Kenosha  
Attention: Dr. Robert Wells  
3600 – 52<sup>nd</sup> Street  
Kenosha, WI 53144  
Phone: 359-6388  
Fax: 359-7712**