

APPLICATION PROCESS

Initial Scholarship Application Process

An applicant must be a senior, attending a high school in a county served by the Foundation as of the beginning of that current academic year. **Students attending a high school in Carroll, Frederick, Howard, Montgomery, or Washington County, Maryland are eligible to apply.**

The applicant must be a cancer survivor or currently diagnosed with cancer. An active cancer patient **does not** have to be receiving treatment to qualify. The cancer may be in remission or deemed cured.

The scholarship is not based upon financial need therefore a financial statement is not required.

The scholarship is not based upon scholastic ability. The recipient's acceptance into a college/university will provide evidence of academic ability. The Foundation requires the recipient of a scholarship to submit a copy of an acceptance letter from the college/university of choice.

The applicant must complete The Ashley Foundation Scholarship Application. Applications are available at The Ashley Foundation Fund website www.theashleyfoundation.org under SCHOLARSHIP or by calling The Community Foundation of Frederick County at 301-695-7660. Applications may be photocopied.

The applicant must submit the following with a completed application.

- Two letters of recommendation from two different academic teachers addressing why the applicant should receive the scholarship.
- A letter from the applicant's physician supporting the cancer diagnosis (medical information will be kept confidential and will only be utilized to support the qualification of consideration for the scholarship).
- An acceptance letter from the college or university of the student's choice.

Incomplete applications will not be considered.

The applicant must submit an essay written by the applicant discussing the following question. **HOW HAS MY EXPERIENCE WITH CANCER IMPACTED MY LIFE VALUES AND CAREER GOALS?** Essays must be a minimum of 500 words and a maximum of 1200 words. Essays must be typed – **hand written essays will be disqualified.**

Scholarships are award based on an essay that the Scholarship Committee determines best addresses both of the following.

1. The applicant who most exemplifies the life values and career goals of Ashley Tamburri.
2. An applicant who desires to use their cancer experience to help others coping with a life threatening or life-altering event.

The scholarships are not awarded to children of The Ashley Foundation Fund Advisory Committee or employees or Board members of The Community Foundation of Frederick County and to others who may not be eligible due to affiliation with the Fund or Foundation.

Completed applications must be postmarked on or before March 31st to be eligible for consideration.

The Ashley Tamburri Scholarship – Application

Applicant: _____ Phone #: _____
Last First Middle

Address: _____
Street City Zip Code County

Social Security #: _____ Date of Birth: _____

High School Attending: _____ County: _____

Part 1 *To be completed by applicant's High School Guidance Counselor.*

I _____ verify that the above named student is a current high school senior at _____ in _____ county. I also verify that upon the end of this current academic year _____, he/she is expected to graduate on _____.

Guidance Counselor's name (print)

Date

High School Address

H S Phone #

Guidance Counselor's signature

Guidance Office #

Part 2 Medical Information – applicant must check the most appropriate explanation that describes current medical situation. The applicant's attending physician must submit a letter verifying the choice of the applicant. This letter must be attached to the application when submitted.

____ I have been diagnosed and treated for cancer. I am currently in remission or a cancer survivor.

____ I currently have cancer and may or may not be receiving treatment at this time.

Part 3 Attach two (2) letters of recommendation from two different academic teachers addressing why you should receive this scholarship. The letters must be typed or completed on a word processor and should be limited to two pages of double spaced type. These recommendations must be attached to the application when submitted.

Part 4 The Essay – Submit with your application an essay. Discuss the following question. **HOW HAS MY EXPERIENCE WITH CANCER IMPACTED MY LIFE VALUES AND CAREER GOALS?** Essays must be a minimum of 500 words and a maximum of 1200 words. Essays must be typed and double-spaced – hand written essays will be disqualified.

Part 5 As the recipient of *The Ashley Tamburri Scholarship* I agree to have my name, photo and essay published in various media utilized by the Foundation.

Applicant's signature

Date

As the parent/guardian of the applicant I agree that if he/she is the recipient of the scholarship that his/her name, photo and essay may be published in various media utilized by the Foundation.

Parent/Guardian's name (print)

Parent/Guardian's signature

Date

Mail application, essay, teacher recommendations, and physician letter to:

**The Community Foundation of Frederick County
The Ashley Tamburri Scholarship
312 East Church Street
Frederick, MD 21701**

Completed application must be postmarked on or before March 31st.

Do not write here – for Foundation use only.

Date of Postmark_____ Date received by Foundation_____

Application complete with accompanying documents? ____YES ____NO

If No, what documentation is missing?_____

Date reviewed by Scholarship Committee_____

Selected for Scholarship? ____YES ____NO

Date of Scholarship award letter sent_____

Date college/university acceptance letter received_____

Date Scholarship awarded_____

Date tuition bill received_____

Date Scholarship award sent to college/university_____