The Friends of Scott Foundation Scott Delgadillo College Scholarship will be awarded to a cancer patient or cancer survivor based on financial need and personal hardship. The Scott Delgadillo College Scholarship Committee will select the recipient.

Eligibility Requirements:

1. Applicant must be a cancer survivor or currently receiving treatment.

2. Applicant must be enrolled in or accepted for enrollment in an accredited undergraduate or graduate school.

3. Applicant must submit a copy of the acceptance letter from the college or university of choice. (Pending acceptance of enrollment is allowed. Please update information when received.)

4. Two Letters of Recommendation.

5. A signed statement from applicant’s attending physician, verifying applicant’s medical history. (Medical information will be kept confidential and will only be reviewed for application consideration.)

6. The applicant must submit a 500 word essay describing, “How has my experience with cancer impacted my life?”

7. The applicant must complete the scholarship application including a signature. Incomplete applications will not be considered.

8. Scholarship recipients must submit a release form stating their photos and success stories can appear on the Friends of Scott website.
Selection Process and Awards:

Applications are reviewed and evaluated by the Scott Delgadillo College Scholarship Committee. All selections made by the committee are final.

Program Limits

1. The Friends of Scott Foundation is not responsible for applications that are lost, misplaced, or delayed through the mail.
2. The application is confidential and becomes the property of the Friends of Scott Foundation.

Application Checklist:

1. Complete, sign, and date application
2. Proof of enrollment
3. Two letters of recommendation
4. Letter from attending physician
5. 500 word essay
6. Photo to be used in Friends of Scott Publications if you are chosen as the 2016 recipient.

Application packet must be postmarked no later than August 31, 2018. Only include items requested. Do not staple your documents. Please mail your application to:

Friends of Scott Foundation
Scott Delgadillo College Scholarship Fund
6977 Navajo RD. #168
San Diego, CA 92119

How can the award be used?

Scholarship funds may be used for education related expenses, including tuition, books, school supplies, room and board, or transportation.

When will the scholarship be awarded?

Scholarships Winners will be notified by October 1st, 2018
The Scott Delgadillo Scholarship Program Application 2018

Applicant Information:

Name: __________________________________________________________________________

Address: ________________________________________________________________________

City: ___________________ State: ___________________________ Zip: _________________

Phone Number: (__________)

Email Address: _________________________________________________________________

College: _______________________________________________________________________

Address: ______________________________________________________________________

Enrollment Year ________________________________

Education:

High School: __________________________________________________________________

Address: ______________________________________________________________________

City: ___________________________ State: ___________________________ Zip: ___________
Scott Delgadillo Scholarship Program

Medical History

Name: ________________________________________________________________

Address: ________________________________________________________________________

City, State, and Zip: _____________________________________________________________

Phone No.: ________________________________________________________________

Date of Diagnosis: _____________________________________________________________

Type of Diagnosis: _____________________________________________________________

Currently under treatment? Yes No

Treating Physician: _____________________________________________________________

Name of Hospital: _____________________________________________________________

Address: ________________________________________________________________________

City, State, and Zip: _____________________________________________________________

Patient Name: ________________________________________________________________

Patient Signature: _____________________________________________________________

Attending Physician Name: _____________________________________________________

Physician Signature: _____________________________________________________________

Comments: ______________________________________________________________________

______________________________________________________________________________
Scott Delgadillo Scholarship Program

Release Form

I hereby grant permission to the Friends of Scott Foundation to use my photograph and story on its Website or in other official foundation printed publications. I also acknowledge that the Foundation may choose not to use my photo at this time, but may do so at its discretion.

Name: __________________________________________

Address: _________________________________________

City: _____________________ State: ________________

Zip: _______ Phone: ______________________________

Signature: ________________________ Date: ________