2021 Friends of Scott Scholarship Program

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. **Applicant must be a recent graduate from high school or college/university.**
3. Applicant must submit a copy of the acceptance letter from the college or university of choice.
4. (Pending acceptance of enrollment is allowed. Please update information when received.)
5. Two Letters of Recommendation.
6. A signed statement from applicant’s attending physician, verifying applicant’s medical history.
7. (Medical information will be kept confidential and will only be reviewed for application consideration.)
8. The applicant must submit a 500 word essay describing, “How has my experience with cancer impacted my life?”
9. The applicant must complete the scholarship application including a signature. Incomplete applications will not be considered.
10. 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 2021 recipient.
7. Application packet must be postmarked no later than September 1, 2021 and 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 September 1, 2021
The Scott Delgadillo Scholarship Program Application 2021

Applicant Information:
Name: ______________________________________________________________________
Address: _____________________________________________________________________
City: _______________________ State: _____________________________ Zip: ___________
Phone Number: ( ) __________________________________________________________
Email Address: _______________________________________________________________
College: _____________________________________________________________________
Address: _____________________________________________________________________
Enrollment Year: ______________________________________________________________________

Education:
High School: __________________________________________________________________
Address: _____________________________________________________________________
City: _______________________ State: _______________________ Zip: ___________
GPA: _______________________________________________________________________
College: _____________________________________________________________________
Address: _____________________________________________________________________
City: _______________________ State: _______________________ Zip: ___________
GPA: _______________________________________________________________________
Major Subject: ______________________________________________________________________

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: __________