

SOAR to College Scholarship

1. Mission: The SOAR to College Scholarship is granted to aid the education of cancer survivors and fighters. Recipients are selected by a committee based on applicants' financial position, academic standing, and a personal essay.
2. Committee Formation:
 - The committee consists of the SOAR Executive Board.
3. Scholarship Recipient Selection:
 - The committee will review all the files within one month after the application deadline and select the recipients in accordance with current eligibility rules and selection criteria.
 - Two winners will be selected to each receive a scholarship of \$1000 as tuition money to attend a college of their choice.
4. Meeting Schedule and Agendas:
 - All awards will be announced two months after the application deadline. The names of the recipients and their qualifications will be released on SOAR's website, newspapers, and other possible media.
 - Winners will be contacted directly for further instructions on how to obtain the scholarship money.
5. Notes
 - SOAR reserves its right to change or add to these rules whenever necessary or desirable.
 - SOAR reserves its right to withdraw a scholarship from a recipient should she or he be found providing false information.
 - If the selected applicant fails to provide proof of financial income, medical history, acceptance into the college they plan to attend, or proof of any other information included in the scholarship application asked at the discretion of SOAR, a runner up may be selected for the scholarship.

For further information on the SOAR Scholarship, please visit SOAR's website www.soarabove.co

Eligibility & Requirements

To be eligible, an applicant must satisfy the following requirements:

1. The applicant must be a senior at an accredited high school or an undergraduate student at an accredited college in the United States.
2. The applicant must be a cancer survivor or currently diagnosed with cancer, and does not have to be receiving treatment to qualify.
3. Applicants must submit a letter from his/her attending physician verifying his/her medical history and current medical situation. Medical information will be kept confidential and will only be utilized to support the qualification of consideration for the scholarship.

4. Applicants must submit an official or unofficial transcript from his/her current school to evaluate academic standing.
5. The applicant must submit an essay discussing the following question. **HOW HAS MY EXPERIENCE WITH CANCER IMPACTED MY LIFE VALUES AND CAREER GOALS?** Essays must not exceed 800 words.
6. The selected winners and their parents (if they are minors) must sign a media release agreeing to have their name, photo, and story published in all SOAR affiliated media/news sites as a recipient of SOAR's scholarship.
7. The selected winners must provide proof of their financial income in a timely manner to receive the scholarship.
8. The selected winners must submit proof of enrollment for the college of their choice in a timely manner to receive the scholarship.
9. Applications for the 2019-2010 Academic Year is OPEN. Application Deadline – Dec. 31st, 2019 11:59pm CST. The applicant must email the *SOAR to College Scholarship Application* and all associated documents to info.soarabove@gmail.com by the deadline. Please title the email subject line **“Scholarship Application - [Applicant Name]”**

Awarding Criteria

The SOAR Scholarship recipients are selected based on the following criteria

1. Financial Need
2. Academic Readiness/Potential
3. Experience and Growth with Cancer : Our scholarship does not account for the severity of cancer, because each person’s case can be extremely different. Rather, we focus on the experience and growth the patient had and how it impacts his/her future in a positive way.



SOAR to College Scholarship Application

Section I - Student Information

Last Name _____ First Name _____ Date of Birth _____

Home address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email Address _____

Section II – Educational Background

High School or College you currently attend _____

School address _____

City _____ State _____ Zip _____

Grade Level _____

GPA: _____

Part III-Financial Need

What is the annual adjusted income for your household? \$ _____

Part IV – Signature

My signature indicates that all information in my application is complete, factually correct, and honestly presented. Further, I authorize SOAR to verify any information contained in this application. It is understood that any misrepresentations or omissions, regardless of the date of discovery, will eliminate me from receiving the scholarship.

Signature _____ Date _____

Please attach to this application:

- *Essay answering the prompt: How has my experience with cancer impacted my life values and career goals?*
- *Proof of medical history from physician*
- *Official or unofficial transcript from current school*

*This application is due on **December 31st 2019, 11:59 CST** to info.soarabove@gmail.com.*