



**NATALIE MARC SURPRIS
SCHOLARSHIP FUND**

All applications **MUST** be submitted by March 1, 2021

Name: *(First, Middle Initial, Last)*

_____ **Gender:** _____

Home Address:

City: _____ **State:** _____ **Zip:** _____

Primary Telephone: (_____) _____

Secondary Telephone: (_____) _____

Email: _____ **DOB:** ____/____/____
MM / DD / YYYY

What school do you currently attend?

Name: _____

City: _____ **State:** _____ **Zip:** _____

What school do you plan to attend in the fall of 2021?

I will be attending as a: Freshman Sophomore Junior Senior
(Circle one)

Grade Point Average (GPA): _____ (On a 4.0 scale)

Name of parent(s) or legal guardian(s) with cancer diagnosis:

Primary Telephone: (_____) _____

Cancer Diagnosis:

What form of treatment is or was received?

How long have they been battling or battled cancer?

Personal Essay: Please answer the following questions:

1. What type of cancer diagnosis does your parent/legal guardian have?
2. How long has your parent/legal guardian been battling cancer?
3. How has this impacted your life?
4. How did you remain a model student?
5. How will you utilize the scholarship fund to help with your academic journey?
6. Choose one of the following:
 - A. If you could change any part of the cancer journey for your parent/legal guardian, what part would it be?
 - B. If you can change any part of the cancer journey for yourself, what part would it be?

The essay should be written in a minimum of 1000 words.

Submit your response on an additional sheet with this application.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Natalie Marc Surpris Scholarship Fund. I hereby understand that if chosen as a scholarship recipient, according to the Natalie Marc Surpris Scholarship Fund policy, I must provide evidence of enrollment/registration at the college of my choice before scholarship funds can be awarded.

Applicant Signature:_____ **Date:**_____

PARENT/LEGAL GUARDIAN CONSENT

I, _____, hereby voluntarily consent the use of information including cancer diagnosis, medical records, and treatment plans be released by **my child**, _____, and be used by We Stand Together, Inc. Nonprofit Organization, in determining the qualification for the Natalie Marc Surpris Scholarship Fund.

Signature

Date

Deadline: The application form and all other required documentations must be submitted by **March 1, 2021**. Please carefully review the **Natalie Marc Surpris Scholarship Fund Policy/Guidelines** for a complete list of documents required for eligibility. **Any applications received after the deadline will NOT be considered.**

Please submit applications and supporting documents via email to Gensen M. Surpris at:
info@westandtogetherinc.org

Please contact Gensen M. Surpris directly for any questions regarding the application at:
gensen.surpris@westandtogetherinc.org or 954-667-9336

