

THE BRETT HALE MEMORIAL REMISSION ALLIANCE SCHOLARSHIP

Dear Scholarship Applicant:

Thank you for your interest in the *ReMission Alliance Scholarship* program. Please find below the scholarship requirements and attached application. The scholarship will be awarded for the 2022-23 academic year and is a one-time award of \$2,500.

The purpose of the scholarship is to provide support to-degree seeking students who have been **diagnosed with or treated for brain cancer**. Applicants may apply by email; please be sure to submit **all required information in its entirety** when returning your application in **ONLY** one email submission. Due to the increasing demand for scholarships, **incomplete applications will not be forwarded to the Scholarship Review Committee for consideration**. The deadline to return your complete application packet is:
Tuesday March 1, 2022 at 5:00 PM.

All applicants will be notified of the review committee's decision, through the ReMission Alliance Against Brain Tumor Administrator. Please note that the funds will be awarded to the academic institution you are attending, for academic expenses, and not paid directly to the individual.

Required documents for the scholarship should be emailed to:

ReMission Alliance Against Brain Tumors

Re-MissionSummit@ufl.edu

c/o University of Florida

Lillian S. Wells Department of Neurosurgery

P.O. Box 100265 | Gainesville, FL 32610-0265

For more information, contact:

Kimberly Foli, Administrative Director

Florida Center for Brain Tumor Research

Program Manager, ReMission Alliance Against Brain Tumors & ReMission Summit

Office: 352-273-7772



Eligibility Requirements:

To be eligible, an applicant must satisfy the below requirements in full:

- Have been diagnosed with and/or been actively treated for cancer.
- Be a high school senior applying to colleges, or currently pursuing a college degree.
- Submit the required essay, described below. (*1000 word maximum*)
- Demonstrate responsibility and service by including information on work/volunteer activities, awards.
- Provide one (1) letter of recommendation from non-related persons (examples: teachers, coaches, community leaders). Reference must include your name, address and phone number within the letter and contact information for the reference provider.
- If the applicant is not already attending the college, applicant must submit a copy of an acceptance letter from the college. If applicant has received multiple acceptance letters, please include all of them.
- Provide a copy of your current college or high school transcript.
- Be an eligible citizen or eligible non-citizen as defined by the FAFSA.

Scholarship Amount and Distribution:

- Award is **\$2,500** total.
- The award is payable in one direct payment, to the academic institution for the purpose of defraying costs of tuition, fees and books.

If selected as a recipient, the below are required to qualify for the ReMission Alliance Scholarship:

- Must maintain an overall 3.0 G.P.A.
- Must be a full-time student.
- Must be endorsed by a physician/scientist member of the ReMission Alliance Against Brain Tumors.
- May be asked to make a few brief comments while accepting the award at the ReMission Alliance Summit, either in person or via zoom.

A. Personal Information

First name: Middle Initial: Last name:

Date of birth (mm/dd/yyyy): Age:

Permanent Address:

City: State: Zip code:

Mailing Address:

City: State: Zip code:

Home phone: Cell phone:

Email Address:

B. Medical History

Diagnosis? Date of Diagnosis? (month/year) Age at Diagnosis?

PHYSICIAN'S NAME:

ADDRESS:

PHONE:

C. Education

Class/College: Major: Cumulative Grade Point Average:

Date Graduated (expected): Career objective:

D. Personal Accomplishments –

Work Experience: *Please list any relevant work experience, or community service beginning with most recent;*

Name of Employer	Position Held	Start date	End date
Brief description of responsibilities:			
Brief description of responsibilities:			
Brief description of responsibilities:			

Extracurricular/Organizational Membership: *Please list organizational memberships and community activities. These may include community organizations, teams, clubs, fraternities, sororities, honor societies, etc.*

Name of Organization/Activity	Start date	End date

Volunteer Work: *Describe your volunteer work/community service.*

Hours per week spent volunteering:

Name of Organization	Description of responsibility	Start date	End date

Last Name: _____:

Awards or Honors: *Please list any awards, honors or special recognition you have received.*

Title of Award	Year

Essay

Please discuss how your cancer experience has shaped, changed and/or reinforced the principles by which you live your life. How will these principles further your academic and professional goals and enable you to give back to others – especially those with cancer? The committee is open to hearing about traditional and non-traditional reflections on this topic.

Please type your essay with a **maximum of 1,000 words** and attach it as a **separate document** to your application. Hand-written essays will **not** be accepted.

Reference Letter

Please include one letter of recommendation with your application packet, or it may be sent directly on your behalf to the Re-MissionSummit@ufl.edu email address. This is an extremely important aspect of the selection process. Please carefully choose the person who will be writing your recommendation letter. **Letters of reference from family members are not accepted. The recommendation letter should be written by a teacher/professor, guidance counselor, employer, religious leader or civic community leader or a ReMission Alliance physician-scientist.**

The recommender should include detailed responses to the following three areas:

1. Please explain how long you have known the applicant and in what capacity.
2. Please describe how successful the applicant has been in dealing with his/her cancer experience.
3. Please describe how cancer has influenced the applicant's educational and/or career goals.

Disclosure Statement:

I certify that the information given on this application is correct to the best of my knowledge. I give permission to UF, UF Foundation & their agents to use my name and photograph in printed, video, film and electronic materials promoting UF and its programs such as the ReMission Alliance Against Brain Tumors. If requested I will acknowledge the appropriate donor.

Applicant's Signature: _____ **Date** _____

Final Checklist:

Take a moment and review the following list. Have you completed and enclosed all the necessary pieces?

- Completed all sections of the application
- Included a typed essay
- Included one reference letter
- Included college/high school transcripts
- Signed and dated the Disclosure Statement
- If applicable*, included a copy of an acceptance letter

REMEMBER: *Incomplete applications will not be considered.*

Scholarship applications must be received in the office by 5:00 pm EST on March. 1, 2022 . All scholarship materials must be submitted in **one** application packet email.