



## The 2024 Breast Cancer Awareness, Inc. Scholarship Fund Application

### Overview

The Breast Cancer Awareness, Inc. Scholarship Fund is a regional fund established by Breast Cancer Awareness, Inc. (BCA) to aid individuals living in Western Maryland, the Eastern Panhandle of West Virginia and Franklin and Fulton Counties of Pennsylvania whose lives have been impacted by breast cancer through having yourself, a parent, relative or friend diagnosed with breast cancer or who have lost a parent, relative or friend to breast cancer.

**Applications must be emailed or post marked on or before April 1, 2024.**  
**Any application received after this date will not be considered.**

### Criteria:

1. Students must have been impacted by breast cancer.
2. A student must be accepted as a full-time or part-time student at an accredited two or four-year college or university.
3. A minimum GPA of 3.0 is required.

Breast Cancer Awareness, Inc. shows no bias toward applicants of any particular race, religion or gender - none of which will be considered in choosing scholarship recipients. Evidence of financial need for college expenses is strongly recommended.

Scholarships will be awarded by Breast Cancer Awareness, Inc. Every effort will be made to notify scholarship recipients by April 26, 2024. **Students must accept or reject their scholarship by returning the acceptance letter by May 13, 2024. The awards presentation will be held at the BCA office on May 20, 2024.**

Scholarship awards will range in amounts from \$500.00 to \$2,000.00. The Scholarship Committee reserves the right to designate award amounts. Scholarships will be paid directly to the university or college in which the student is enrolled.

The spouse, parents, grandparents, children, grandchildren, brothers, sisters, mothers-in-law and fathers-in-law, brothers-in-law, sisters-in-law, daughters in-law, sons-in-law, adopted, half, and step members of BCA Board of Directors, BCA staff and Scholarship Committee Members are ineligible.

### How to Apply

All previous BCA Scholarship winners may reapply using the same requirements below.

**It is suggested that the application be reviewed by a parent or guidance counselor to determine all required information is being provided prior to submittal.**

**All Applicants must submit the following:**

I. Scholarship Application

II. Academic Performance

Have your school send **one (1) official copy** of your current transcript showing your overall grade point average based on the 4.0 GPA scale. Transcripts can be sent in the mail (address below) or via email to: [admin@bcacv.org](mailto:admin@bcacv.org)

III. Information Packages

A. Student Essay

This scholarship provides an excellent opportunity for college-bound students to consider the impact that breast cancer has had on their life and the lives of their family members and friends. Essays shall be double-spaced using Times New Roman 12-point font size.

Students are required to submit a **250-word bio** and write a **1,500 to 2,000-word essay** that answers the following questions:

1. *How has breast cancer changed or impacted your life?*
2. *What have you learned about yourself, your family and /or your community in the face of coping with breast cancer?*
3. *What are your educational and career goals?*

B. Letter of Recommendation

One letter of recommendation from a teacher, employer, counselor or principal who knows you well.

C. Income Information

Most recent copy of student federal income tax form and the parent's federal income tax forms if applicant is listed as a dependent.

For more information, contact the Breast Cancer Awareness, Inc. office at 301-791-5843.

**Please email your completed application, Academic Performance and Information Package no later than April 1, 2024 with *BCA Scholarship Application* in the subject line to: [admin@bcacv.org](mailto:admin@bcacv.org)**

The applicant may choose to mail the completed application and attachments to the address below.

All mailed items must be postmarked by **April 1, 2024**.

**Breast Cancer Awareness, Inc.**

**Attn: Nicole Shinham**

**12916 Conamar Drive, Suite 201**

**Hagerstown, MD 21742**

# BCA Scholarship Fund Application Form

## Student Information

Student Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State – Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender Male/Female \_\_\_\_\_  
U.S. Citizen \_\_\_\_\_

## Parent or Guardian Information

Parent or Guardian Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State – Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_

## Where did you receive the application?

\_\_\_\_\_

## Student Education Information

High School or College Currently Attending \_\_\_\_\_  
Street Address \_\_\_\_\_  
City – State – Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Graduation Date \_\_\_\_\_  
Honors \_\_\_\_\_  
Extracurricular Activities \_\_\_\_\_  
Offices Held \_\_\_\_\_  
College or University you plan to attend \_\_\_\_\_  
Major \_\_\_\_\_

**Signature Page**

By applying for this scholarship students agree to give the Breast Cancer Awareness, Inc. Scholarship Fund permission to use student's name, pictures of themselves and family members and essay information on the official website at: [www.bcainc.org](http://www.bcainc.org) and in promotional materials.

**Student and Parent Affirmation**

Both student and a parent or guardian must read the following statement and sign as indicated. We affirm that the information provided on this application is accurate to the best of our knowledge. We understand misrepresentations may constitute fraud which may result in the loss of eligibility of this scholarship or have other legal consequences. We give permission for the Selection Committee of the Breast Cancer Awareness, Inc. Scholarship Fund to review student transcripts and other personal information.

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**Applicant Signature**

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**Print Name**

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**Date**

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**Parent or Guardian Signature**

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**Print Name**

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**Date**