

EDUCATIONAL INFORMATION

I, _____, authorize my high school or college counselor to furnish the following information:

- Copy of previous term's **sealed transcript**.
- Expected graduation date _____

Signature of Principal, Guidance Counselor or College Counselor:

Name	Title
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Applicant's signature	Date
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College(s) or Post High School Training to which you have applied:

College(s) or Post High School Training to which you have been accepted:

Intended major: _____

Expected date of enrollment or current enrollment: _____

Extracurricular Activities: _____

Community Service (Name of facility and dates of service):

REFERENCES: Each applicant must submit two reference letters in a sealed envelope to be considered for scholarship.

ESSAY: Each applicant must submit a 250-word essay typewritten in double-spaced format to include how the Sickle Cell Disease has affected their life and education. Each applicant should also include what their educational goals are and how they expect to achieve them , in addition, what person has been instrumental in their lives to help them persevere.

VOLUNTEER COMMITMENT TO CANDICE’S SICKLE CELL SCHOLARSHIP FUND:

Every Scholarship winner is required to commit at least 5 hours minimum of their time towards one of the various Candice’s Sickle Cell Fund activities during the year they receive their scholarship.

Entries must be postmarked **no later than April 14 of the scholarship year** and submitted to Ms. Candice Young-Deler, P.O. Box 672237, Bronx, NY 10467. Candidates will be notified of decisions by email. **Winner must be present at the Candice’s Sickle Cell Scholarship Luncheon in June of the scholarship year to receive the scholarship award.** We look forward to hearing from you.

I hereby agree to the terms of the Candice’s Sickle Cell Scholarship Fund and state that the above information is truthful and current to the best of my knowledge.

Applicant Signature

Date