

**Eligibility:**

Applicant must be:

- Female graduating high school senior with a minimum grade point average of 3.0 on a 4.0 scale
- Enrolled in a two or four-year undergraduate program or professional/trade school as a freshman
- A cancer survivor or currently diagnosed with cancer

Applications are due by **May 31st, 2023**. Candidates will be notified by July 31st, 2023 with the status of their application.

The application form can be downloaded from [silkentwinecharity.org](http://silkentwinecharity.org) and the completed application can be emailed to [info@silkentwinecharity.org](mailto:info@silkentwinecharity.org).

**Financial Award:** (Two) \$1,000 awards. Scholarships will be paid directly to the recipient's school.

**Applicant's Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Name, address, and graduation year of attending High School: \_\_\_\_\_  
\_\_\_\_\_

College/Institution to attend: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Anticipated Field of Study (Major) \_\_\_\_\_

Year of Cancer Diagnosis: \_\_\_\_\_ Name of Treating Hospital: \_\_\_\_\_

Cancer Diagnosis/Cancer Associated Disability (if any):  
\_\_\_\_\_

**Awards/Honors**

## Personal Essay

Please limit your essay responses to a maximum of 500 words. Must include:

**Essay #1: Please tell us about a time you overcame personal adversity.**

**Essay #2: What are your career plans?**

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

I authorize release of my name and/or photo for use by Silken Twine: Solace for Pediatric Cancer Patients for promotional purposes and on the website.

Signature of  
applicant: \_\_\_\_\_

Date: \_\_\_\_\_

*All information contained in this application will be kept confidential except for those persons designated to conduct the review of applications and awarding of the scholarship.*

**Please send completed application to following address: Silken Twine: Solace for Pediatric Cancer Patients, P O box 465, Jamison, PA 18929 or via email: [info@silkentwinecharity.org](mailto:info@silkentwinecharity.org)**