

Cancer Comfort Angels

P. O. Box 253 Chester, MD 21619

Website: www.cancercomfortangels.org

Email: cancercomfortangels@gmail.com



A member of Chesapeake Charities
www.chesapeakecharities.org

Cancer Comfort Angels is a Christian based non-profit program to help out those battling cancer in our local community, and beyond. Our organization provides a simple act of kindness, which comes in the form of our "Comfort Kits". Our Comfort Kits include a blanket, words of prayer, as well as a cross and other items helpful while going through treatment. We want those battling cancer to know they are not alone in their fight.

It's our hope that we can make each day a little brighter, and to let someone know that we are their friends and are here to offer support and love. Coping with cancer is difficult enough and Cancer Comfort Angels is here to bring hope that God is always with us.

This is an opportunity for high school seniors whose lives have been affected by cancer, or have made a difference in someone's life who is fighting cancer, to receive a scholarship to help with higher education expenses.

Cancer Comfort Angels Scholarship

Guidelines

PURPOSE

To assist deserving high school graduates who either attend a private or public school in Queen Anne's County, or are QA County residents who are home-schooled, to further their education at institutions of higher learning.

ELIGIBILITY CRITERIA

Applicant must be a senior in good standing whose life has been affected by cancer, or who has made a difference in someone's life who is fighting cancer.

AWARD AMOUNT

\$1,000 scholarships

SELECTION

Selection will be made by the Cancer Comfort Angels Scholarship selection committee with written notice prior to the award. Official award to the recipient will be announced in May. The scholarship is NOT renewable.

METHOD OF AWARD

The recipient will be required to notify Cancer Comfort Angels Scholarship Fund of his/her final school choice and due date for payment. The money will be sent directly to the college upon verification of the student's enrollment and appropriate billing from the college.

SUBMISSION

Applications may be obtained from the guidance offices at the schools. Applications may also be found on our website: www.cancercomfortangels.org or requested by email: cancercomfortangels@gmail.com.

Please submit your application to your school's guidance counselor, or mail to:

Cancer Comfort Angels
P. O. Box 253
Chester, MD 21619

You may also email completed signed applications to: cancercomfortangels@gmail.com

Applications must be postmarked by: April 15, 2024

NOTE: Incomplete or late applications will not be considered for a scholarship.

Cancer Comfort Angels Scholarship

Please complete all information requested below. Information may be typed or legibly hand-written. Information provided will be used by the Cancer Comfort Angels Scholarship committee in consideration for awarding this one-time scholarship.

PART A

1. Full Name _____
2. School Attending: _____ Home Schooled: _____
3. Student ID #: _____
4. Address _____
City, State, Zip _____
5. Phone number (h) _____ (c) _____
6. Date of Birth _____
7. Names(s) of institutions (2yr/4yr/trade or technical school) to which you have applied and been accepted.

8. In a brief statement, describe your plans for higher education and explain how you hope to apply this education to your future career and personal ambition goals:

PART B

Submit a one-page formal resume' that includes the following headlines:

- Contact Information
 - Name
 - Address
 - Phone Number (s)
 - Email address
- Objective (vocational objectives)
- Education (Schools attended, years)
 - Current Cumulative High School GPA
- Work Experience (as applicable)
 - Dates
 - Place(s) of employment
 - Job responsibilities, duties
- Activities (as applicable)
 - School-related
 - Community/Volunteer
 - Honors/Awards/Special Talents

PART C

Submit a 300-500 word essay on one of the following topics:

How my life has been affected by cancer.

Or

I have made a difference in someone's life who is fighting cancer by.....

Essay will be evaluated on content and form.

I certify that the information contained in this application is complete and accurate.

Student Signature

Date

Parent/Guardian Signature

Date