



The Lep Foundation for Youth Education

cure[®]

2023 CURE - Cancer Support Scholarship: Youth Education Assistance for Cancer Survivors

The CURE – Cancer Support Scholarship was created by the Lep Foundation for Youth Education for students diagnosed with cancer (a public charity providing financial assistance to survivors of childhood & adolescent cancers seeking to further their education).

Purpose

CURE[®] Magazine is the indispensable guide to every stage of the cancer experience combining science and humanity to make cancer understandable. The **Lep Foundation** and **CURE Media Group** work in a collaborative effort to support students diagnosed with cancer and have shown the courage and determination to complete their college education despite significant challenges. This scholarship will help cover college costs for these individuals who have experienced financial hardship due to overwhelming medical expenses. The scholarship will be awarded to a qualified individual seeking to further their education by attending college. The amount of the scholarship is **\$5,000**.

Eligibility

The scholarship is designated for students who were diagnosed with cancer and whose disease and related treatments placed a significant financial burden on them and their families. Scholarship recipients must furnish a letter of confirmation by a licensed physician as proof of their cancer diagnosis. Please note that this documentation will be required following the award notification and should not be submitted with the application. Applicant must be a US citizen residing in the USA.

Additional Criteria

The recipient must demonstrate academic achievement through evidence of working to one's potential and be accepted for admission at an institution of higher education, e.g. college, community college, university or vocational school. All grades must be substantiated by official documentation.

Submission Materials – All items must be submitted to be considered eligible

Applications must include a one-page essay regarding your diagnosis and the challenges that you and your family faced due to cancer and cancer-related treatments. Include information regarding your goals and future ambitions. Provide a copy of school transcript and three (3) letters of recommendation from non-family members. All listed submission materials and application information must be received for the application to be reviewed. If applying electronically, PDF and DOC format only, no JPGS. **Please, NO staples on mailed submission forms.**

Deadline

Submission materials must be mailed or e-mailed no later than June 1, 2024 to: thelepfoundation@gmail.com or to The Lep Foundation Scholarship Selection Committee, PO Box 299, Millstone Twp., NJ 08510. **Due to the high volume of applicants, only award recipients will be notified.**

Scholarship awards may be used for tuition costs. All checks are paid to the school directly. In order to receive payment, a student must have the school send the Foundation the completed Verification of Enrollment form, where upon we will issue a check, payable to the school, and mail it directly to the school to establish a credit in the name of the student. The student will be notified when the check is mailed. It is the responsibility of the student to follow up on all matters relating to his or her scholarship award.

The Lep Foundation Cure Scholarship Selection Committee
PO Box 299 Millstone Twp., NJ 08510



The Lep Foundation for Youth Education

Name:
Address:
Phone:
Email:
Date of Birth:
High School and Town, or Current College:
Grade Point Average:
Colleges to which you have applied/been accepted:
School Activities:
Community Activities:
Employment Experience:



The Lep Foundation for Youth Education

Financial Need Report

All fields must be completed to be eligible, please use N/A if not applicable. **If student is independent, please state current income (proof will be requested).**

Father's/Guardian's Name:	
Address:	
Place of Employment:	
2023 Income - If left blank without explanation, application will not be considered. (Proof of income will be required if scholarship is awarded): _____	
Mother's/Guardian's Name:	
Address:	
Place of Employment:	
2023 Income - If left blank without explanation, application will not be considered. (Proof of income will be required if scholarship is awarded): _____	
Other Income (such as child support payments)	
Other Awards/Income Received by Applicant	
Signature of Father/Guardian	Date
Signature of Mother/Guardian	Date

I agree that all the aforementioned information submitted on this application to The Lep Foundation is correct and truthful to the best of my knowledge. I am also aware that if any of the information is found to be incorrect or untruthful, my application will be withdrawn for consideration and I will not be eligible to receive an award. By signing this application, the applicant releases the use of his/her name and pictures if he/she is selected an award recipient.

Signature of Applicant

Date
