**Southeastern Brain Tumor Foundation (SBTF)**

***Voices of Hope* Academic Scholarship**

**2022/2023 Scholastic Year**

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| **Our Story:** The Southeastern Brain Tumor Foundation (SBTF), founded in 1995, operates as a 501(c)3 not for profit organization and a public charity. Unified by the words “you have a brain tumor”, our Board members and staff work diligently to provide Support, Hope and encouragement to those who are united by the same words. Some of us are brain tumor patient survivors, others of us are patient caregivers, and others of us live with the pain of having lost a family member to brain cancer. We provide funding for brain tumor research and other support programs through our issuance of research and educational grants. Our primary mission is to improve the quality of life for brain tumor patients and their families and advance the discovery of curative treatments. Read more at [sbtf.org](http://sbtf.org)**The Purpose:** To provide an individual who has been directly impacted by their own brain tumor diagnosis or the diagnosis of another individual, the opportunity to pursue a post-secondary education at an accredited College, University, or Technical school. Student applicants may be enrolled in on-line and/or F2F/person-to-person classes. **The Southeastern Brain Tumor Foundation’s *Voices of Hope* (*VOH*) Scholarship** for the academic year 2022/2023, is made possible by the support of donors and constituents. The funds are intended to be used for general educational expenses, such as tuition, dining plans, and books for the 2022/2023 academic year. Each Scholarship award will be no less than $1,500. **Award Distribution:** The Scholarship awards are distributed in the form of a check made payable to and delivered directly to the Bursar/Financial Aid Office of the accredited post-secondary institution of higher education attended (or to be attended) by the Scholarship Recipient. Funds will be disbursed when the Scholarship Recipient has proven enrollment in an accredited post-secondary institution of higher education and submitted proof of enrollment to the SBTF included in the Scholarship Application. The Scholarship may not be assigned, transferred, or changed, except at the sole discretion of the SBTF. No cash equivalent prize or monies will be awarded. **The Application Deadline:** 11:59 pm EST on May 31, 2022**The 2022/2023 Scholarship Timeline:** Scholarship award recipients will be notified prior to the end of June. Award monies will be disbursed directly to the scholarship recipient’s educational institution for the 2022/2023 academic year. **The Official Rules:** By applying to the *Voices of Hope* Scholarship program, you acknowledge having read, and agree to abide by the SBTF *Voices of Hope* Academic Scholarship Rules. **Eligibility:**1. The applicant must have been directly impacted by their own brain tumor diagnosis or the diagnosis of another individual. Please see the Official Rules for details.
2. The applicant must be enrolled in an accredited United States post-secondary educational program.
3. Proof of enrollment must be verified before funds are disbursed directly to the accredited school of enrollment.
4. This online Scholarship Application will be available on April 1, 2022 and must be submitted by 11:59 pm EST on May 31, 2022.
5. SBTF Staff, Board Members, Officers of the Board and their respective family members are ***NOT*** eligible for the *Voices of Hope* Academic Scholarship. Southeastern Brain Tumor Foundation, Inc. (“SBTF”) employees, Board Members, Officers of the Board, and their family members are not eligible for the SBTF) *Voices of HOPE* Academic Scholarship. Family members include any child, stepchild, grandchild, parent, stepparent, grandparent, spouse, former spouse, sibling, cousin, niece, nephew, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law (including adoptive relationships).

**Questions:** Please email us at scholarships@sbtf.org. |

**Personal Information:**

**Full Legal Name:**

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**Phone Number:**

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**Email Address:**

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**Home Address:**

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**Application Checklist:**

* Part I - Disclosure Form
* Part II - Evidence of Enrollment (Acceptance letter or an official copy of class schedule for the current semester)
* Part III - Applicant Questionnaire
* Part IV - Letter(s) of Recommendation ((may be sent separately in one of the formats accepted below)

**Please Note:**

1. Parts I, II and III will be accepted in one of the formats accepted below and must be sent in one complete email to scholarships@sbtf.org.
2. Screenshots from your Smartphone will not be accepted. Formats accepted: PDF, Word, Apache OpenOffice, WordPerfect, LibreOffice, or JPEG.

Southeastern Brain Tumor Foundation (SBTF)

Voices of HOPE Academic Scholarship

2022/2023 Scholastic Year

**Application - Part I - Disclosure Form**

Applications may be submitted electronically. Please contact the SBTF via email (scholarships@sbtf.org) with any questions. Scholarship award recipients will be notified prior to the end of June. Award monies will be disbursed directly to the scholarship recipient’s educational institution for the 2022/2023 academic year upon receipt of the required information (reference the applicant award letter or the Official Rules).

**Application Deadline:** 11:59 pm EST on May 31, 2022

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| I acknowledge that I have read and understand the conditions of the SBTF *Voices of HOPE* Academic Scholarship as outlined in the Overview and Official Rules. I affirm that I meet the eligibility requirements for the Scholarship. If selected as an SBTF *Voices of HOPE* Scholarship recipient, I affirm the information contained herein is true and accurate.Photographs of the Scholarship recipients, together with press release statements, may be issued to media nationwide, as well as posted on the SBTF social media channels and websites. All SBTF *Voices of HOPE* Scholarship applicants are consenting to this potential use and publication upon submission of their application.  |

**Full Legal Name:**

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**Email Address / Phone Number:**

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**Signature / Date:**

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**Application – Part II - Evidence of Enrollment:**

**Name and address of institution where I am applying to use the scholarship funds:**

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**Major:**

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**Minor (if applicable):**

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**Please attach evidence of acceptance for enrollment in an accredited United States post-secondary educational program.** Screenshots from your Smartphone will not be accepted. Formats accepted: PDF, Word, Apache OpenOffice, WordPerfect, LibreOffice, or JPEG.

**Applicant Questionnaire – Part III**

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| Theresponses to the following **ten applicant information questions** may be written in the space below each question or attached as a separate document to the application checklist packet. Screenshots from your Smartphone will not be accepted. Formats accepted: PDF, Word, Apache OpenOffice, WordPerfect, LibreOffice, or JPEG.***Note: Please do not exceed more than half a page, per response. If you have applied in the past, no duplicate answers from previous submissions will be accepted.*** |

***Question 01:* How would a *Voices of Hope* Scholarship benefit (or impact) you? (For example: Other family members are also in college, paying out of my own pocket)?**

***Question 02:* Have you received a *Voices of Hope* Scholarship in the past? If yes, please designate the academic year(s).**

***Question 03:* Will you be applying or receiving any other financial assistance/scholarships, for the upcoming academic year? If yes, please provide specifics.**

***Question 04:* How did you hear about the *Voices of Hope* Scholarship (For example: Facebook, Twitter, Instagram, TikTok, LinkedIn, Email Blast from SBTF, a Friend, Support Group, etc.)?**

***Question 05:* If you were to write the story of your life, until now, what would you title it and why? Who would you cast as the lead character (portraying you) and why?**

***Question 06:* What career are you pursuing and why? Please list specific steps you are taking to achieve this career.**

***Question 07:* What challenge, obstacle, or hardship in your life have you dealt with (as it relates to a brain tumor diagnosis) and how have you learned from the situation? This can be within the last few months, year or lifetime.**

***Question 08:* What do you consider to be your greatest strength and how have you used that strength in your daily life? Provide an example.**

***Question 09:* Who has had the greatest influence on your life, and why? This individual can be living or deceased, and does not have to be impacted by a brain tumor diagnosis.**

***Question 10:***

***New Applicants’ Only*: How has a brain tumor diagnosis impacted your life, values and educational goals?**

***Previous Applicants’ Only:* Reflecting on the past year, how has the *Voices of Hope* Scholarship made a difference? Describe the impact the Scholarship has provided in your life.**

**Application – Part IV - Letter(s) of Recommendation:**

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| The applicant must submit at least two and no more than three letters of recommendations (work, community based, academic, personal), from individuals who can attest to the applicant's character and abilities, and support the applicant's request for educational funds. Within the letter, the person writing the recommendation must list the applicant's name and relationship. The recommendation may not be written by a family member. Previous Applicants’: The recommendation letter may not have been used in prior years.Letter(s) do not have to be part of the application checklist and may be submitted separately from the application checklist. Letters should be sent directly to the SBTF electronically at scholarships@sbtf.org. If a letter cannot be sent electronically, please contact us.Letters of Recommendation may be attached as a separate document to the application checklist packet. Screenshots from your Smartphone will not be accepted. Formats accepted: PDF, Word, Apache OpenOffice, WordPerfect, LibreOffice, or JPEG.**Letters of Recommendation must be submitted by 11:59 pm EST on May 31, 2022.**  |

**Please list the name(s) and relationship(s) of the individual(s) submitting a letter on your behalf:**

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