

www.ulmanfund.org

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*Director, Cancer Institute,
Sinai Hospital, Baltimore, Md.*
Susan Jacobson,
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Susan Koch, M.D.,
Dermatology
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Margaret Wool, PhD.,
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Arthur & Irit Waldbaum
The Kirk Family Foundation
Todd & Heidi McDonald

PMB #505A
4725 Dorsey Hall Dr.
Suite A
Ellicott City, MD 21042
p-410-964-0202
f-410-964-0402
888-393-fund
www.ulmanfund.org

2004 MATT STAUFFER MEMORIAL SCHOLARSHIP APPLICATION

Dear Applicant,

The Ulman Cancer Fund for Young Adults established the **Matt Stauffer Memorial Scholarship** to support the financial needs of college students who are battling, or have overcome cancer and who display financial need. These \$1000.00 competitive awards seek to honor the spirit that Matt Stauffer displayed in both his life and his journey with cancer. At the time of his death in January, 1998, Matt was a student at Williams College and captain of its men's varsity soccer team.

To qualify for consideration, please complete the application and mail it to us, being sure to follow the directions on the **APPLICATION DIRECTIONS** sheet. The application deadline is April 1, 2004 (postmarked by). Announcement of awards will be made by June 15, 2004. The award will be paid directly to the educational institution you will be attending. Incomplete applications will not be considered. For more information e-mail us at scholarship@ulmanfund.org, or call us at 410-964-0202.

Best of luck to you.

Sincerely,

SCHOLARSHIP COMMITTEE

SCHOLARSHIP APPLICATION

DIRECTIONS

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

Please complete the Application Form and enclose:

1. Two letters of recommendations from non-family members. (more than two will not be read!)
2. Completed Physician Verification Form (Oncologist / Primary Care Doctor)
3. Completed Financial Need Form for yourself and everyone who is contributing to your tuition.
4. An essay on one of the following topics;
 - a.) Write a letter you wish you had received during your cancer experience. Be creative!
 - b.) If you had to teach a class about the impact of cancer on a young adult, what would you include and why.
 - c.) What impact did cancer have on your life – i.e., self-image, family, social networks, career goals.

Please limit essay to 500 words. Longer ones will not be read.

- Please write your name on each document you submit in the upper right-hand corner of each page of the application.
- No staples or binder.
- All materials must be submitted together (including recommendations.)
- Entire application must be on 8 ½ x 11 inch paper.

APPLICATION DEADLINE: Postmarked by April 1, 2004

Mail completed application to:

The Ulman Cancer Fund for Young Adults/MS Scholarship
PMB #505
4725 Dorsey Hall Drive, Suite A
Ellicott City, Maryland 21042

2004 MATT STAUFFER

MEMORIAL SCHOLARSHIP APPLICATION

Section A - Personal Information

Name: _____

Address:

Male: _____ Female: _____

Age: _____ Date of Birth: _____

Home Phone: _____ School or Work Phone: _____

E-Mail: _____

How did you hear about the Matt Stauffer Memorial Scholarship?

List family members:

Mother: _____

Father: _____

Step-Parent(s): _____

Guardian _____

Siblings: (Names & Ages)

Marital Status: Single _____ Married _____ (if yes, spouse's name) _____

Any dependants? _____ If yes, how many? _____

Names & Ages _____

Section B - Medical History

Diagnosis (es) Include age and dates: _____

Date & age of Reoccurrence (s) if any;

Describe the kind of medical treatment you have received for your cancer. If you are currently undergoing treatment, please describe briefly . (limit to space given)

Section C - Financial Information

What is the last grade or year of school completed? _____

List the school you plan to attend or the schools that you are considering; include the total annual cost:

Name: _____ Cost: _____

Name: _____ Cost: _____

Name: _____ Cost: _____

Name: _____ Cost: _____

Name: _____ Cost: _____

Name: _____ Cost: _____

Name: _____ Cost: _____

Name: _____ Cost: _____

Are you financially self-supporting? Yes ____ No _____

(if yes, explain how you go about supporting yourself)

Will you be making a financial contribution to your own education? Yes ____ No ____

If **NO**, explain.

PLEASE READ AND SIGN! I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE. I UNDERSTAND THAT THIS APPLICATION WILL BECOME THE PROPERTY OF THE ULMAN CANCER FUND FOR YOUNG ADULTS. I AGREE THAT MY ESSAY MAY BE REPRINTED IN PART OR IN FULL FOR THE PURPOSES OF EDUCATING, SUPPORTING AND HELPING OTHER YOUNG ADULTS AFFECTED BY CANCER. I UNDERSTAND THAT ALL FINANCIAL INFORMATION WILL REMAIN CONFIDENTIAL.

SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

(IF APPLICANT IS UNDER THE AGE OF 18)

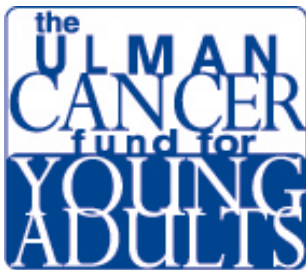
CHECKLIST:

MAKE SURE YOU HAVE INCLUDED:

- _____ FINANCIAL NEED FORMS
- _____ 2 LETTERS OF RECOMMENDATION
- _____ ESSAY
- _____ PHYSICAL VERIFICATION FORM
- _____ VOICE OF SURVIVORSHIP FORM (optional)

THANK YOU FOR YOUR INTEREST IN THE MATT STAUFFER MEMORIAL SCHOLARSHIP. PLEASE REMEMBER THAT INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!!

APPLICATION DEADLINE IS(postmarked by) April 1, 2004



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PHYSICIAN VERIFICATION FORM

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Dear Dr. _____,

The following applicant has applied for a college scholarship from the Ulman Cancer Fund for Young Adults. Please fill out this form and return it to the applicant. Thank you for your assistance in this matter. If you have any questions please feel free to contact us at 410-964-0202.

Sincerely,

Scholarship Committee
Ulman Cancer Fund for Young Adults

APPLICANT
NAME: _____

DIAGNOSIS:

Signature of
Physician: _____ Date _____

Phone Number: _____



FINANCIAL NEED FORM

You may use the information from either your 2003 or 2004 tax return.

Your Name: _____

Applicant Name: _____

Relationship(s) to Applicant: _____

INCOME

1) What was your Adjusted Gross Income for 2003/2004? \$ _____
(Adjusted Gross Income is on IRS Form 1040-Line 33;
1040A-Line 19;1040EZ-Line 4;or Telefile-Line 1.)

2) As of today, what is the current total balance of your cash,
savings, and checking accounts? \$ _____

EXPENSES

1) What is your monthly mortgage/rent payment, including
utilities and phone? \$ _____
X12 _____

2) What are any other monthly debts/obligations(i.e. car
payments, bank loans, credit card debt, insurance, etc.) \$ _____
x12 _____

3) Total amount of out-of-pocket medical expenses not
covered by insurance paid out in past year. \$ _____

CONTRIBUTION

1) How much will you be contributing to the applicant's
educational expenses? \$ _____

Please Read and Sign! I certify that all statements on this form are true.

Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(if the signer is under 18 years old)

MAKE COPIES OF THIS FORM IF NEEDED



FINANCIAL NEED FORM

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Your Name: _____

Applicant Name: _____

Relationship(s) to Applicant: _____

INCOME

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Date: _____

Parent Signature: _____

Date: _____

(if the signer is under 18 years old)

MAKE COPIES OF THIS FORM IF NEEDED