



Scholarship Program for College Students

INFORMATION SHEET

PLEASE DETACH AND KEEP THIS INFORMATION FOR YOUR RECORDS

About the Kisses for Kyle Foundation

In 1998, Kyle Snyder was just three weeks shy of his second birthday when he was diagnosed with leukemia. After a brave but brief eight-month fight, he lost his life to this disease. In 2001, his mother Sharon founded the Kisses for Kyle Foundation to honor Kyle's memory and to assist families in the Delaware Valley who are battling childhood cancer. It is our mission to make a positive impact on local families fighting the same fight the Snyders fought, and in Kyle's beautiful memory.

About This Scholarship

The Kisses for Kyle Scholarship Program was established to support the college aspirations of students who have had cancer at some point in their childhood, and who are now pursuing a college degree that will prepare them for a career helping children who, like they once did, are facing a cancer diagnosis. Examples of such careers include pediatric oncology, nursing, social work, physical therapy, occupational therapy, and biomedical research. Additional areas of study related to fields that help children facing cancer will also be considered.

Scholarships of **up to \$1,250 per year** will be awarded to students and are renewable for up to an additional two years with a **maximum total award of \$3,750**. Scholarships will not be available beyond a student's fourth year in college. The final amount of each scholarship will be determined based on financial need and status as a full-time or part-time student. This scholarship is intended to be a "last dollar" scholarship and is awarded to help fill the gap remaining after other scholarships, grants, and loans are applied to college costs. This is a competitive application process; not all applicants will receive a scholarship. Scholarships will be awarded on an annual basis as funding is available.

Eligibility Requirements

Eligible students for this scholarship program will:

- Be a childhood cancer survivor under the age of 25 and diagnosed before the age of 18;
- Reside within the Delaware Valley;
- Be enrolled as an undergraduate in a college or university and plan to return in the upcoming academic year;
- Have a proven record of excellence that demonstrates the ability to succeed in college and maximize the opportunity offered by this Scholarship;
- Be pursuing a major that will prepare them for a career in a field that helps children facing cancer; and
- If selected, agree to provide a minimum of 30 volunteer hours to the Kisses for Kyle Foundation during year the scholarship is received.

Evaluation Criteria

Applications will be reviewed closely with the following criteria in mind:

- Academic achievement and potential for college success
- Financial need
- Character
- Career aspirations

Application Process

In order to be accepted for review, each applicant must submit all of the following:

- Completed application with required essay;
- Copy of college transcript and proof of registration for the upcoming fall semester (including course roster);
- One letter of recommendation from a professor, employer or community leader;
- A copy of your most recent financial aid award letter from this college;
- A copy of your Student Aid Report (SAR) from the Free Application for Federal Student Aid (FAFSA); and
- Written documentation from your treating physician confirming your cancer diagnosis, age and date of diagnosis and treatment status.

Incomplete applications cannot be considered.

All required materials must be **postmarked by July 31**. Please mail completed applications and supplemental materials to:

**Kisses for Kyle
Scholarship for Returning College Students
P.O. Box 188
Willow Grove, PA 19090**

Applications also may be submitted electronically by emailing a scanned PDF of the completed application and supplemental materials to info@kissesforkyle.org.

Students selected to receive the Kisses for Kyle scholarship will be notified in late August.

Scholarship Renewals

Scholarships may be renewed for up to three additional academic years. In order to remain eligible for renewal, Kisses for Kyle scholarship recipients must:

- Maintain satisfactory academic progress (a 2.0 cumulative grade point average) and remain eligible for continued financial aid;
- Continue to pursue a course of study related to a career that helps children facing cancer;
- Provide a minimum of 30 volunteer hours to the Kisses for Kyle Foundation each year;
- Continue to demonstrate financial need;
- Renew FAFSA applications annually; and
- Each year, provide (1) copies of grades from the prior year, (2) proof of enrollment and course registration for the upcoming year, (3) copies of financial aid awards, and (4) copies of statements of account from your college.

Renewal applicants must submit required materials each year by June 30.

Scholarships are neither automatic nor guaranteed. Final determination of eligibility for renewal is at the sole discretion of the Kisses for Kyle Foundation.

Scholarship Fund Disbursement

Upon selection for an initial scholarship (or for renewal), the Kisses for Kyle scholarship award will be paid directly to the scholarship recipient at the beginning of the academic year. These funds are intended only to pay for costs associated with tuition, room and board, required fees, or expenses for textbooks or supplies. Itemized receipts or other proof demonstrating how the funds have been used must be submitted to the Kisses for Kyle Foundation by December 1.

For More Information

If you have questions, need further information, or would like to request a copy of the application, please contact Kisses for Kyle via e-mail at info@kissesforkyle.org.



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APPLICATION FORM

PLEASE TYPE OR PRINT NEATLY.

Name _____
First M.I. Last

Address _____
Street Address or P.O. Box

City, State, ZIP

E-mail _____

Telephone _____
Home Phone Number Personal Cell Phone Number

College _____ GPA _____ (attach transcript)

(Proposed) Major _____ Career Interest _____

_____ Date of Birth _____ Cancer Diagnosis _____ Date of Diagnosis

Student Signature

By signing below, I acknowledge that all information I have provided in this application is true, complete and accurate. I understand that the decision of the selection committee is final and may not be appealed. I agree to release the Kisses for Kyle Foundation, its directors, officers, and employees, from any and all claims and/or disputes of any kind whatsoever, arising out of or relating to this application and/or any items provided to the Kisses for Kyle Foundation with or relating to this application. Furthermore, if selected as a scholarship recipient, I grant consent to the Kisses for Kyle Foundation to include my name, image, and story in all promotional materials related to this scholarship and the work of the Foundation.

_____ Student Signature _____ Date _____

If the above applicant is under the age of 18, I hereby consent, acknowledge and agree, as the applicant's parent/guardian and on behalf of the applicant, to the release and consent provisions stated above.

_____ Parent/Guardian Signature _____ Date _____



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INVOLVEMENT BEYOND THE CLASSROOM

Name _____
First M.I. Last

Select the most significant activities outside of the classroom (extracurricular, volunteer, work, etc.) in which you have been involved during high school or college and list them in order of importance to you. You may list up to five activities. Please do not submit a supplemental resumé or lists of additional activities.

1. _____
Activity Year(s) You Participated [] School Year [] Summer
Period(s) of Involvement

Hours per week Weeks per year Positions held, honors received or other significant details

2. _____
Activity Year(s) You Participated [] School Year [] Summer
Period(s) of Involvement

Hours per week Weeks per year Positions held, honors received or other significant details

3. _____
Activity Year(s) You Participated [] School Year [] Summer
Period(s) of Involvement

Hours per week Weeks per year Positions held, honors received or other significant details

4. _____
Activity Year(s) You Participated [] School Year [] Summer
Period(s) of Involvement

Hours per week Weeks per year Positions held, honors received or other significant details

5. _____
Activity Year(s) You Participated [] School Year [] Summer
Period(s) of Involvement

Hours per week Weeks per year Positions held, honors received or other significant details



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REQUIRED ESSAY & MATERIALS

Name _____
First M.I. Last

Please **select one of the following topics** and write an essay of 300-500 words in response to the prompt. Essays must be typed, double spaced, and use a standard 12-point font. Be sure to include your name on the top right corner of each page.

OPTION 1: How have you persevered through your cancer diagnosis? What strengthens and motivates you through difficult times? How do you hope to strengthen and motivate others?

OPTION 2: Discuss the factors that motivate you to pursue a career in which you will help children who are facing a cancer diagnosis. What are your career goals? How do you hope to make an impact on the lives of children facing cancer?

OPTION 3: Each person is unique. What special qualities and personal attributes do you have that make you uniquely you?

This essay will become the property of the Kisses for Kyle Foundation, and if you are selected as a scholarship awardee, it may be used in materials produced by the Foundation.

Optional Video

In addition to the required essay above, we welcome applicants to submit a video that shares their uniqueness. Videos may be emailed to info@kissesforkyle.org. **To ensure deliverability of video files, please ensure that your file is less than ten (10) MB in size. We can accept WAV or MP4 video formats only.** Please include your full name and the word "Scholarship Video" in your subject line.

Checklist of Requirements for Submission

- Completed application with required essay and signed Third Party Release Form
- College transcript and proof of enrollment for upcoming term
- Signed recommendation letter
- Most recent financial aid award letter
- A copy of your Student Aid Report (SAR)
- Written documentation from your treating physician confirming your cancer diagnosis, age and date of diagnosis and treatment status
- (Optional) E-mail submission of a video sharing your uniqueness



Scholarship Program for College Students

RECOMMENDATION FORM

Applicant's Name _____
First M.I. Last

Recommender's Name _____
First M.I. Last

Title _____

College / Organization _____

Address _____
Street Address or P.O. Box

City, State, ZIP

E-mail _____ Telephone _____

PART I: Rating Scale

Please rate the applicant based on your experience with the student. If a category does not apply to your experience with the student, please select "Not Applicable" (N/A).

Academic Performance and Motivation

Outstanding Good Above Average Average Below Average N/A

Potential for Academic Success

Outstanding Good Above Average Average Below Average N/A

Character

Outstanding Good Above Average Average Below Average N/A

Perseverance

Outstanding Good Above Average Average Below Average N/A

Campus and Community Involvement

Outstanding Good Above Average Average Below Average N/A

PART II: Written Recommendation (Required)

On the back of this form or on an attached sheet, please describe your overall impression of this student. Please discuss the applicant's strengths, areas for growth, character, potential for continued college success, and any other information you think would be helpful in considering this applicant's eligibility for scholarship assistance.

Recommender's Signature

Date



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CONFIRMATION OF CANCER DIAGNOSIS

Applicant's Name _____
First M.I. Last

Treating Physician _____
First M.I. Last

Title _____

Hospital Affiliation _____

Address _____
Street Address or P.O. Box

City, State, ZIP

The patient listed above is applying for scholarship assistance from the Kisses for Kyle Foundation. Please attach a letter on official letterhead confirming the patient's diagnosis and including the following information:

- Name of patient
- Date of diagnosis
- Type of cancer
- Treatment status

Be sure to include your signature and daytime telephone number on this letter and return to the patient listed above.

About the Kisses for Kyle Foundation

In 1998, Kyle Snyder was just three weeks shy of his second birthday when he was diagnosed with leukemia. After a brave but brief eight-month fight, he lost his life to this disease. In 2001, his mother Sharon founded the Kisses for Kyle Foundation to honor Kyle's memory and to assist families in the Delaware Valley who are battling childhood cancer. It is our mission to make a positive impact on local families fighting the same fight the Snyders fought, and in Kyle's beautiful memory.

The Kisses for Kyle Scholarship Program was established to support the college aspirations of students who have had cancer and who are pursuing a college degree that will prepare them for a career helping children who face cancer. Scholarships of up to \$1,250 per year will be awarded to students. Scholarships are renewable for up to an additional two years with a total maximum award of \$3,750. For more information about the Kisses for Kyle Foundation, please visit www.kissesforkyle.org.



Scholarship Program for College Students

THIRD PARTY RELEASE FORM

Kisses for Kyle Scholarship recipients will be selected through a process conducted by a committee designated by the Kisses for Kyle Foundation.

By signing this form, I _____ give

Print First and Last Name Neatly

permission to _____ to release information related to

College / University

admission, academic progress and student aid to the Kisses for Kyle Foundation for the purpose of scholarship consideration and the continued monitoring of student eligibility for scholarship renewal.

Student Signature

Date

If the above applicant is under the age of 18, I hereby consent, acknowledge and agree, as the applicant's parent/guardian and on behalf of the applicant, to the release and consent provisions stated above.

Parent/Guardian Signature

Date