

Kisses for Kyle Foundation

Scholarship Program for 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.

One scholarship of **up to \$5,000 for one year** will be awarded to two students. Applicants can repeat the application process for **up to 3 years**. Scholarships will not be available beyond a student's fourth year in college. The final amount of each scholarship will be determined based on tuition amount. This scholarship will be paid directly to the institution to pay for tuition only. 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;
- Resides or treated in the Delaware Valley;
- Be accepted to a college or university and plan to enroll this fall or 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

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;
- **If you just completed High school** - official copy of high school transcript, including ACT/SAT scores (if transcript does not note these scores, please provide a copy of your score reports); &
- A copy of the admission letter from the college in which you intend to enroll this fall;
- **If you are a returning college student** - Copy of college transcript and proof of registration for the upcoming fall semester (including course roster);
- One letter of recommendation from a high school teacher or professor, counselor, 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 May 31st**. Please mail completed applications and supplemental materials to:

**Kisses for Kyle
Scholarship Application
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.

Student selected to receive the Kisses for Kyle scholarship will be notified by June 30th.

Scholarship Fund Disbursement

Upon selection for an initial scholarship (or for renewal), the Kisses for Kyle scholarship award will be paid directly to the institution when tuition is due prior to each semester. Tuition bills must be submitted to Kisses for Kyle two weeks prior to due date.

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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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 résumé 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 detail

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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

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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. One scholarship of up to \$10,000 per year will be awarded to one student. For more information about the Kisses for Kyle Foundation, please visit www.kissesforkyle.org.
