

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.

Kisses for Kyle Foundation

Scholarship Program for Students

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 or SAT scores

(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 provisions stated above.

Parent/Guardian Signature
Date

Kisses for Kyle Foundation

Scholarship Program for Students

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 details

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RECOMMENDATION FORM

Applicant's Name _____
First M.I. Last

Recommender's Name _____
First M.I. Last

Title _____

School / 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

Kisses for Kyle
Foundation
Scholarship Program for Students

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. 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.

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Foundation
Scholarship Program for 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
