

Gilferd R. Charette Memorial Scholarship Application Form

Please complete this application form to apply for the Gilferd R.Charette Memorial Scholarship for children who have had childhood cancer or have had a parent or siblings who had childhood cancer. Ensure that you provide accurate and complete information. Incomplete applications will not be considered.

Personal Information:

Full Name:

- First Name: _____

- Middle Name (if applicable): _____

- Last Name: _____

Date of Birth: _____

Address:

- Street Address: _____

- City: _____ **State:** TX

- Postal Code: _____

Email Address: _____

Texas Driver's License: _____

Phone Number: _____

Academic Information:

College: _____

College Address: _____

Enrollment Year: _____ **Hours Completed:** _____

GPA: _____ **Major:** _____

High School: _____

High School Address: _____

City: _____ **County:** _____ **State:** TX

Medical Information:

Name of Patient: _____

Relationship to the Applicant: _____

Date of Diagnosis: _____

Currently under treatment? Yes No

Treating Physician: _____

Name of Hospital: _____

Hospital Address: _____

Applicant or Parent Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____

Essay Questions:

- 1. Please write an essay (500-800 words) explaining your personal journey with childhood cancer or your experience as a sibling of a child with childhood cancer. Describe how this experience has impacted your life, and how it has influenced your educational and career aspirations.**
- 2. Explain why you believe you should be awarded the G.R.C. Memorial Scholarship and how it will help you achieve your educational goals. (300-500 words)**

Submission Checklist:

Please make sure you have included the following documents with your application:

- Completed application form
- Essay responses
- Notarized release form
- Certified transcript
- Two letters of recommendation
- Copy of acceptance letter from the chosen college or university
- Signed statement from the attending physician of the patient, or an original letterhead verifying the patient's medical history
- Photograph of applicant for use and publication
- Copy of Texas Driver's License
- Official documentation from university or college affirming that being awarded this scholarship will not result in a reduction of existing financial aid.
- Any additional documents you believe are relevant to your application

Submission Instructions:

- All application materials must be compiled into a packet and mailed to the Charette Foundation at the following address:

Charette Foundation
PO Box 2227
Brenham, TX 77834-2227

Important Dates:

- Application Deadline: December 1, 2023
- Scholarship Award Notification: January 1, 2024

For any questions or inquiries, please contact us at info@charettefoundation.org or (888)-760-1897.

Thank you for applying for the Gilferd R.Charette Memorial Scholarship Application. We wish you the best of luck in your academic journey!

Jurat and Publication Release

I hereby grant permission to the Gilfred R. Charette Memorial Scholarship fund and the Charette Foundation to use my photograph and story on their website or in other official foundation-printed publications or news releases. I understand that the Charette Foundation might choose not to use my photo at this time, but may do so at its discretion.

By signing below, I certify that all the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____ **Date:** _____

STATE OF TEXAS

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,
by _____, proved to me on the basis of satisfactory
evidence to be the person who appeared before me.

NOTARY, By and for the State of Texas