



## **Scholarship Application**

**To be eligible for a scholarship from the Chiera Family Foundation, you must meet the following criteria:**

- Personal diagnosis of cancer before age 21
- Legal resident of Florida
- Under the age of 21 at the time of application
- Plan to attend an accredited college (or vocational school) in Florida

**If you are in high school now, please wait until your senior year to apply.**

**The deadline for submitting applications for the 2019-2020 academic year is June 1, 2019. (postmarked). You are required to fill out all fields – do not leave anything blank.**

**Please enclose:**

- The College Scholarship Application.
- An essay/goal statement, 500 words or less, on a separate sheet of paper. Essays should be typed.
- **Three** Letters of Recommendation from individuals who know you personally.
  - Letters should be submitted by individuals that can attest to your achievements, leadership qualities, community service and character. Letters submitted by family members will not be accepted
- **Letter from your physician**
  - Letters must be on physician's letterhead and state the student's cancer diagnosis, date of diagnosis, length and type of treatment. (Do NOT include your medical records with your scholarship application.)
- The enclosed, completed Financial Aid Form. **You must send a copy of your parents' 2018 2-page 1040 IRS form** (and yours if you were employed) with your application. (It is not necessary to send any additional IRS forms or attachments to your 2-page 1040 form).
- A copy of your academic transcript for grades 9-12 (and any post-secondary work completed). **If you have completed more than 24 semester hours of college, high school grades are not necessary.**
- A copy of your SAT and/or ACT scores (if your college requires them).
- If you have been accepted to an accredited Florida university, community college or vocational technical school, please enclose a copy of your letter of acceptance.
- Your name should be listed on each document submitted.

Completed materials must be sent to:  
Chiera Family Foundation  
4171 W. Hillsboro Blvd. Suite 11  
Coconut Creek, FL 33073

**Deadline: June 1, 2019**

## **Application Checklist - Have you enclosed the following required items?**

Use this checklist to make sure you include all required items in your final application package. Sign this checklist and attach it to the front of your completed application package before mailing it to the Chiera Family Foundation.

- Complete on-line application located at **www.chierafamilyfoundation.org**
  
- Personal Statement of 500 words or less, typed and spell checked
  - Write an essay that describes your journey as a cancer survivor, goals, ambitions and how NICK's Scholarship will help you achieve academic success.
  
- Letter from your physician
  - Letters must be on physician's letterhead and state the student's cancer diagnosis, date of diagnosis, length and type of treatment. (Do NOT include your medical records with your scholarship application.)
  
- Three letters of recommendation.
  - Letters should be submitted by individuals that can attest to your achievements, leadership qualities, community service and character. Letters submitted by family members will not be accepted.
  
- Parents' 2-page latest 1040 IRS Form
  - Students who filed a 1040 IRS form in 2018 should also submit a copy of their 1040.
  
- Official Academic transcript for grades 9-12 and any post-secondary work completed.
  - Students that have completed 24 hours of college coursework should only submit college transcripts and not high school transcripts.
  
- SAT and/or ACT scores (if your college requires them)
  - Students planning to attend a school that does not require SAT or ACT scores for admission are not required to submit scores.
  - Students that have completed 24 hours of college coursework are not required to submit SAT or ACT scores.
  
- Letter of acceptance to an accredited university, community college or vocational technical school
  - This is not required if the student has not yet received an acceptance letter or if the school does not provide acceptance letters.
  
- Current photo
  - Photos similar to yearbook photos or headshots are preferred
  
- Name is on each document within application package.

- Package of materials organized neatly and submitted to:  
The Chiera Family Foundation  
4171 W. Hillsboro Blvd.  
Suite 11  
Coconut Creek, FL 33073

**Applicant Printed Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

Application deadline: **June 1, 2019 (postmark date).**

**Late and/or incomplete applications will not be considered.**

**Please do NOT include your medical records with your scholarship application. A letter from your physician will suffice.**

**Chiera Family Foundation  
NICK's Scholarship Application  
Due Date: June 1, 2019**

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

FL

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

Telephone: ( ) - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell phone: ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: - - \_\_\_\_\_ Gender:  Male  Female

Or student ID number

Are you a U.S. Citizen?  Yes  No

If you checked no, are you a permanent resident alien or legal alien granted indefinite stay? Please explain your status in the space provided below.

\_\_\_\_\_  
Type of Cancer: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Tumor Site (if applicable): \_\_\_\_\_

Have you completed cancer treatment?  Yes  No

If yes, date treatment was completed: \_\_\_\_\_

Did your treatment include a bone marrow or stem cell transplant?  Yes  No

Have you ever experienced a cancer recurrence?  Yes  No

If yes, please elaborate in the space provided: \_\_\_\_\_

Do you have any side effects from your treatment? \_\_\_\_\_

Do you have any disabling conditions? \_\_\_\_\_

List all high schools attended, including current school:

<u>Dates enrolled</u>	<u>School</u>	<u>City/state</u>	<u>Grade attended</u>
-			
-			
-			
-			

Name of college or university you plan to attend:

Have you been accepted for admission?  Yes  No

If not, when do you expect to be notified of acceptance? \_\_\_\_\_

What is your anticipated major? \_\_\_\_\_

Where do you plan to live?  On campus  Off campus (not home)  Home  Not sure  Other

If other, please indicate where: \_\_\_\_\_

Are you enrolled in the Florida Pre-Paid College Program?  Yes  No

Have you applied for any other grants, scholarships or loans?  Yes  No

If yes, please list: \_\_\_\_\_

What is, or was, your high school grade average (unweighted) and your senior class rank?

GPA Average: \_\_\_\_\_ Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ Students

What are your SAT and/or ACT scores?

SAT: \_\_\_\_\_  
           Critical Reading            Math            Writing            Multiple Choice            Essay

ACT: \_\_\_\_\_

List any school or community-related activities or employment (include awards or recognitions received).

Describe your personal interests and hobbies outside of school:

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State briefly your reasons for needing this scholarship:

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How many hours will you be taking per semester? \_\_\_\_\_

**Essay/Goals Statement: State your philosophical, educational and occupational goals in 500 words or less on a separate sheet of paper, and enclose it with this application.**

Signature of applicant: \_\_\_\_\_

If applicant is under 18, signature of parent or guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Return this form and required attachments to:**

**Chiera Family Foundation  
4171 W. Hillsboro Blvd. Suite 11  
Coconut Creek, FL 33073**

**Do you have questions about your application?  
Call Louis Chiera at 954-480-8809 at ext. 21 or e-mail Lou at [lou@winnersawardgroup.com](mailto:lou@winnersawardgroup.com)**

**Chiera Family Foundation  
NICK's Scholarship Application  
Financial Information**

**Important: You must attach a copy of your parents' latest 2-page IRS tax form (either 1040, 1040A or 1040EZ). No attachments or other IRS forms are required.**

Student Name:

School or Student ID Number:

(if applicable)

1. What year will the student be in college in 2019-2020?

1st (never previously attended college)

1st (previously attended college)

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup> or more undergraduate

Please list previously attended colleges or postsecondary schools (if none, write "none").

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**STUDENT INCOME**

2. Does the student receive other scholarships or grants? If yes, please list name of scholarship, the amount and term of scholarship (include Pell grants, etc.) If unknown for 2019-2020, please list scholarships or grants the student received in 2018-2019.

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Does the student have a Bright Futures Scholarship? If yes, please check:

Florida Academic  
Scholar

Florida Medallion Scholar

Gold Seal

3. Will the student work during the summer and/or 2019-2020 school year?

Yes     No (If no, please skip to Question 4).

Student's employer/occupation: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Student's (and spouse's) **expected** Summer and school-year income: \_\_\_\_\_

Estimated income student will earn in Summer 2019: \_\_\_\_\_

Estimated income student will earn in 2019-2020 academic year: \_\_\_\_\_

4. Does the student have any dependents?  yes  no

If yes, how many? (including spouse, children): \_\_\_\_\_

5. Student's medical/dental expenses not covered by insurance last year: \_\_\_\_\_

Please list any other outstanding medical bills not covered by insurance: \_\_\_\_\_

6. **Estimated** taxable income in 2019: \_\_\_\_\_ Source? \_\_\_\_\_

### FAMILY MEMBER LISTING

7. How many family members live in the household? List all family members living in your household, **starting with yourself**. Please indicate their relationship to you (parent, stepparent, brother, sister, husband or wife, son or daughter, etc.) Indicate if any other family members are going to college:

Name	Age	Relationship to Student	In College?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



**PARENT INFORMATION**

8. How much do the parents **named below** plan to contribute to the student's education for the 2019-20 school year?

\$ \_\_\_\_\_

Check one:  Father  Mother  Stepfather  Legal Guardian  Other

If Other: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Self-employed?  Yes  No

Employer: \_\_\_\_\_ Number of years: \_\_\_\_\_

Check one:  Father  Mother  Stepfather  Legal Guardian  Other

If Other: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Self-employed?  Yes  No

Employer: \_\_\_\_\_ Number of Years: \_\_\_\_\_

9. Are there any special financial circumstances that you would like to add?

\_\_\_\_\_

## LETTER OF RECOMMENDATION

Name of Scholarship Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

***To the Applicant:*** Three letters of recommendation must be submitted in support of your application for a scholarship. Two of those letters must be submitted on this form, although the person writing the letter may attach a personal letter of recommendation. Please note: Your physician should submit a letter on his/her own personal letterhead, and does not need to complete this form.

***To the Recommendation Writer:*** Please return this completed form directly to the person applying for the scholarship. If you wish, you may also enclose a personal letter. Place the recommendation and letter in a sealed envelope and please sign your name across the seal.

***Directions:*** The following is to be completed by the person making the recommendation.

What are the first three words that come to mind in describing the applicant's abilities?

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

In comparison with the other students you have known, please rate this student by **checking a number** from 1 to 5; **5 points is the highest rating you can give**, 1 point the lowest.

### **Quality**

### **Student Rating**

- |                                  |                          |   |                          |   |                          |   |                          |   |                          |   |                          |                       |
|----------------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|-----------------------|
| Academic Motivation:             | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Academic Potential:              | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Creativity:                      | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Self-Discipline:                 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Leadership:                      | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Initiative:                      | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Reaction to Setbacks:            | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Analytical Ability:              | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Oral Communication:              | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Classroom Participation:         | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Written Communication:           | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Independence:                    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Problem Solving:                 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Overall Impression of candidate: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |

Your Name: \_\_\_\_\_

Phone (office) ( ) - \_\_\_\_\_ (home): ( ) - \_\_\_\_\_

Relationship to Student (cannot be a relative): \_\_\_\_\_

## LETTER OF RECOMMENDATION

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| Creativity:                      | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Self-Discipline:                 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Leadership:                      | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
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| Reaction to Setbacks:            | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Analytical Ability:              | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
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| Classroom Participation:         | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
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| Independence:                    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Problem Solving:                 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |
| Overall Impression of candidate: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | No basis for judgment |

Your Name: \_\_\_\_\_

Phone (office) ( ) - \_\_\_\_\_ (home): ( ) - \_\_\_\_\_

Relationship to Student (cannot be a relative): \_\_\_\_\_