



## **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 2026-2027 academic year is June 30, 2026 (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 the 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' 2025 2-page 1040 IRS form (or the latest available tax return)** (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 30, 2026**

## **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](http://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 the 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 2025 (or latest tax return available) 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 30, 2026 (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 30, 2026**

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

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

_____	FL
City	State
_____	
County	Zip Code

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

Cell phone: (    ) - \_\_\_\_\_

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

Gender: ☐ Male ☐ Female

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) on separate sheet if necessary.

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. 1021 or e-mail Lou at  
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 2026-2027?

- ☐ 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.) Please list scholarships or grants the student received in 2025-2026.

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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 2026-2027 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 2026: \_\_\_\_\_

Estimated income student will earn in 2026-2027 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 2026: \_\_\_\_\_ 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 2026-2027 school year?

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

Check one: ☐ Father ☐ Mother ☐ Stepfather ☐ Legal Guardian ☐ Other

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Yes ☐ No

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?

Thank you for your interest in applying for the Chiera Family Foundation N.I.C.K.'s College Scholarship. All completed applications will receive a confirmation of receipt. Please note that scholarships are limited, and submission of an application does not guarantee an award.