

# BARKSDALE CANCER FOUNDATION

## Application for Scholarship

Due on or before May 1 of applicant's High School Senior Year

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

To be eligible for the Barksdale Cancer Foundation scholarship a student must:

- Be a Charlotte County resident
- Have a cumulative GPA of 3.0 or better (on a 4.0 scale)
- Be pursuing an associate or baccalaureate degree in an institute of higher learning in the medical field
- Submit an official transcript with the school seal and an authorized official's signature
- Submit a signed application (original signature only)
- Write an essay between 250 and 500 words on the following topic:  
What medical field have you chosen and why?
- Provide proof of enrollment in a college or university. This can be in the form of a letter from the school stating that the student is enrolled, copy of a bill from the school, or other proof deemed acceptable by the Foundation. It is the student's responsibility to provide this proof.

Do not send any materials other than the required items listed above. Send application and **ALL** required enclosures **POSTMARKED BY MAY 1** of the current year to:

Barksdale Cancer Foundation  
Attn: Scholarship Committee  
P.O. Box 225  
Charlotte Court House, VA 23923

By signing below, I certify that the information I have included is accurate, truthful, and correct to the best of my knowledge.

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