



LEGACYBRAINFOUNDATION®
FIGHTING BRAIN CANCER ONE DAY AT A TIME.

Legacy Brain Foundation Scholarship Application

Scholarships awarded by the Legacy Brain Foundation are not based on need or merit, but are awarded to patients and children of patients who have been diagnosed with a primary or metastatic brain or spinal cord tumor. The Legacy Brain Foundation recognizes that the diagnosis of a tumor often creates a stressful environment for the student, and that financial assistance may be beneficial for students affected by a brain tumor diagnosis. The award is available for fall and spring semesters, (twice a year) and is limited to \$1000 per semester, regardless of tuition or need. Students who have previously received an award are encouraged to re-apply, up to a maximum of four years, but are only required to submit an essay once. Scholarships funds are limited to availability, and students who have never received assistance, and those whose parent is deceased, have priority in scholarship distribution if funds are limited. Scholarships are limited to residents of Texas or residents of other states who are attending colleges/universities in Texas.

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone _____ Email _____

Date of Birth _____

Current school you are attending _____

GPA _____ Graduation Date _____

Name of Institution you plan to attend _____

Have you applied to the school? _____ Have you been accepted? _____

What is you planned major or field of study? _____

Parent's name with brain or spinal tumor diagnosis _____

What is their diagnosis? _____

Who is their physician? _____

Please include specialty, address, and telephone number

Signature of Parent _____

The following documents must be submitted to the committee:

1. Completed and signed application.
2. 500-750 word typewritten essay on “What Impact Has Brain Cancer Had On My Life” or “My Hope for the Future: How Brain Cancer Has Affected My Career Choice” (may substitute spinal cord tumor as appropriate)
3. Official high school or college transcript.
4. College/Trade School Letter of Acceptance if applicable.

Certification Statement

I certify that the information provided on this application is true and accurate to the best of my knowledge. I authorize the Legacy Brain Foundation to obtain from the contacts listed in this application whatever information is necessary about my cause that might be helpful for assessing my application. I release the Legacy Brain Foundation of all liabilities or claims arising out of the donation of money or services provided to me or my family.

All information in this application is strictly confidential and will be used only to ascertain eligibility for the scholarship. This information will not be released to any person or persons not associated with the Legacy Brain Foundation Scholarship Committee.

Applicant's Name (please print) _____

Signature _____ Date _____

**Return completed document to:
Legacy Brain Foundation
Attn: Scholarship Application
Medical City Dallas Hospital
7777 Forest Lane , Suite C-648
Dallas, Texas 75230**

Or fax to 972-566-2625

Although not required, we would like to use, in whole or in part, your essay in newsletters, brochures, web site, and other media for the Legacy Brain Foundation. **If you do not wish to allow use of your essay, this will not affect your application.** Also, identifying details may be omitted at your request. Please sign the appropriate statement:

Yes, you may use as is _____

No, please do not use at all _____

Yes, but would like to edit prior to use _____

Should you receive a scholarship from the Legacy Brain Foundation, would you be willing to provide a statement, photograph, or other media to be used in the LBF newsletter, web site, brochures, or other materials describing the mission of the Foundation? **This is strictly voluntary and will in no way affect your application. No information of any kind will be used without your consent.** Should you choose to do so, written statements, photographs, or video may be submitted by you; or you may choose to have someone from the Foundation contact you.

_____yes

_____no

_____I do not wish to answer at this time but may be open to this in the future.

_____Please contact me; would like more specific information.