

## 2019 APPLICATION

### MICHAEL D. McCOY & ST. JUDE RUN SCHOLARSHIP

#### IN CELEBRATION OF THE 38TH YEAR OF THE ST. JUDE RUNS

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_  
(Number & Street Name) (City) (State) (Zip)

PHONE:(\_\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

#### THE \$1000 SCHOLARSHIP MAY BE USED FOR COLLEGE OR ACCREDITED VOCATIONAL SCHOOL.

##### ELIGIBILITY:

1. **Current or former patient or sibling of current or former patient treated by the St. Jude Midwest Affiliate.**
2. High school senior or already enrolled in college or accredited vocational school.
3. Maintained a "C" or above average.
4. Applicants whose college or vocational school entry or continued enrollment is interrupted by military service will be considered.

##### PLEASE INCLUDE THE FOLLOWING:

1. A statement of 250 words or less on why you should be considered for this scholarship.
2. Three (3) non-family letters of recommendation.
3. High school seniors- a copy of your high school transcript showing your last six semester grades.
4. College or vocational students- a copy of your transcript and proof of good standing.
5. Completed application (below).
6. A statement on letter head stationary from the St. Jude Midwest Affiliate that you or your sibling was/is a patient at the affiliate.

##### **1. STATUS WITH THE ST. JUDE MIDWEST AFFILIATE (Answer A or B):**

A. ARE YOU A CURRENT PATIENT? \_\_\_\_\_ or a FORMER PATIENT? \_\_\_\_\_  
WHEN WERE YOU A PATIENT? \_\_\_\_\_

B. ARE YOU A SIBLING OF A CURRENT PATIENT? \_\_\_\_\_ or a SIBLING OF A FORMER PATIENT? \_\_\_\_\_  
WHEN WAS SIBLING A PATIENT? \_\_\_\_\_  
NAME OF SIBLING? \_\_\_\_\_

Over

**2. PARTICIPATION IN SCHOOL RELATED EXTRA-CURRICULAR & CIVIC**

**ACTIVITIES** (Indicate offices held, honors, awards, etc. **If necessary, use extra paper**):

A. HIGH SCHOOL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. COLLEGE/VOCATIONAL (If already attending) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. EXTRA-CURRICULAR (School related- high school/college/vocational) \_\_\_\_\_

\_\_\_\_\_

D. CIVIC (Non-school related) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ANY QUESTIONS CALL OR E-MAIL**

Vic Reed @ 309.692.1163 (H) or 309.264.4893 (M) or [vic.reed309@comcast.net](mailto:vic.reed309@comcast.net)

Shirley Meils @ 309.645.7737 (M) or [shirleymeils@aol.com](mailto:shirleymeils@aol.com)

**FORWARD YOUR COMPLETED APPLICATION TO**

McCoy-St. Jude Run Scholarship

% Mollie Shepherson, Regional Marketing Manager, St. Jude Runs

4722 N. Sheridan Road

Peoria, IL 61614

**APPLICATIONS ARE DUE BY FRIDAY, MARCH 29, 2019.**

**ONCE OUR SELECTION IS APPROVED BY THE COMMUNITY FOUNDATION OF CENTRAL IL, THE RECIPIENT(S) WILL BE NOTIFIED IN EARLY MAY, 2019.**

**THE RECIPIENT(S) WILL BE PRESENTED AT A LUNCHEON HOSTED BY THE COMMUNITY FOUNDATION IN PEORIA IN MID JULY, 2019.**

**THE RECIPIENT(S) WILL ALSO BE INVITED TO BE INTRODUCED AND SPEAK AT THE ANNUAL RUNNER SENDOFF IN MEMPHIS, TENNESSEE ON TUESDAY & WEDNESDAY, JULY 30th & 31st, 2019.**