

Buckets of Smiles Scholarship

Buckets of Smiles is a 501(c)3 nonprofit organization that was founded in 2017. The organization delivers hospital-approved activity items to childhood cancer patients in hospitals across the country as well as fundraises for childhood cancer research. This scholarship is to be awarded to a childhood cancer survivor who is a senior at a high school in the state of Alabama and will be attending a college or university. All applications, resumes, letters of recommendation, essays, and transcripts should be emailed to smilebuckets@gmail.com, and will remain confidential.

I. Personal Data

Name: _____
(First) (Middle) (Last)

Address: _____

Telephone: _____

Date of Birth: _____

Currently living with (mark the appropriate choice with an X):

Parent(s): _____ Guardian(s): _____ Other: _____

Name(s) of Parent(s)/Guardian(s):

II. Financial Data Father's/Guardian's

Occupation: _____

Place of Employment: _____

Mother's/Guardian's Place of Employment: _____

Place of Employment: _____

Please indicate with an X the family's adjusted gross income for last year's tax return:

____ Under \$30,000 ____ \$45,000 to \$50,000 ____ \$30,000 to \$40,000
____ \$50,000 to \$60,000 ____ \$40,000 to \$45,000 ____ \$60,000 to \$70,000
____ \$75,000+

Number of Dependents in Household: _____

Ages of Dependents: _____

Number of family members currently attending college (including applicant): _____

Please indicate any other financial considerations which should be noted:

III. Academic Plans

Name of college/university planning to attend: _____

Address of above named college/university:

Planned Program of Study: _____

IV. Attach a resume.

V. Attach a letter of recommendation from an adult individual who is knowledgeable about your childhood cancer journey (ex. doctor, nurse, child life specialist, teacher, guidance counselor, etc.).

VI. In 1,000 words or less, tell us your story. Write about your experience as a childhood cancer patient from your diagnosis until now.

With the signatures below, I give permission for the transcript of my child to be released to the Buckets of Smiles Scholarship Committee. All information submitted will be kept confidential.

Applicant's Signature: _____

Parent's/Guardian's Signature: _____

Date: _____

ALL REQUIRED INFORMATION IS DUE NO LATER THAN APRIL 1, 2023