

The Heather Robinson Memorial Scholarship Fund

The Community Foundation of West Texas

The Community Foundation of West Texas, formerly the Lubbock Area Foundation, Inc. is an independent, non-profit, publicly supported, tax-exempt organization whose purpose is to help donors meet the existing and future needs of the area's educational, health, cultural, civic and charitable organizations. The Foundation's mission goes beyond social service and welfare; our donors are improving the overall quality of life in the South Plains area.

The Foundation administers a variety of charitable funds, including scholarships to assist area students with post-secondary educational expenses. The Foundation is pleased to administer the *Heather Robinson Memorial Scholarship Fund*, which is described below.

Purpose:

This scholarship is intended for medical students specializing in the field of oncology or cancer research. The annual award will be for \$1,000.00. Recipients must maintain high enough grades that will allow them to stay in their program. Past recipients will be eligible to reapply. The funds can be used for tuition and fees only, and are paid directly to Texas Tech Health Sciences Center.

Eligibility Requirements:

These are competitive awards with the primary areas of consideration being:

- ❖ Intent to pursue a degree related to cancer or cancer research;
- ❖ Financial need;
- ❖ Current enrollment at Texas Tech University Health Sciences Center; and
- ❖ Academically motivated with a clear career path.

Selection Process:

- ❖ The Scholarship Advisory Committee will review completed applications and make recommendations to the Community Foundation of West Texas Board of Directors, which will make the final decision on the scholarship awards. Incomplete applications will not be considered.
- ❖ The Selection Committee will be comprised of a representative (s) from each of the following: (2) Texas Tech University Health Sciences Center, (1) cancer related nonprofit, no more than (2) representatives from the Heather Robinson Family, and (1) staff member from the Community Foundation of West Texas. The recipient will be announced by August 15th.

Scholarship Fund Disbursement:

- ❖ Scholarships will be awarded based on the availability of funds, and may be used for tuition and fees. Scholarships will be paid to TTUHSC, and not directly to the recipient.
- ❖ The amount of the award may cover all, or only a portion of the student's actual cost and all unused funds must be returned to the Community Foundation of West Texas.

Application Requirements:

All scholarship applications must be completed in full and submitted by **July 1st**.

- ❖ 1 Letter of recommendation from a member of the TTUHSC staff
- ❖ Verification of enrollment or a copy of the letter of acceptance TTUHSC
- ❖ Extensively answer the following two questions:
 - “How have I been touched by cancer?”
 - “How I plan to help advance cancer research.”
- ❖ You must reapply or update your application for each semester that you would like to be considered for this scholarship.

Applications should be sent to:

The Heather Robinson Memorial Scholarship
Denise Oviedo
Community Foundation of West Texas
6102 82nd Street 8B
Lubbock, TX 79424

***Please do not send the first two pages in with your completed application.**

Heather Robinson Memorial Scholarship Application

GENERAL INFORMATION – (Please type or print)

Name _____ Social Security Number (last 4 digits only) _____

Email _____ Date of Birth: _____

Mailing Address _____

City, State, Zip _____

Current Employer (if applicable) _____ Work Phone _____

Position _____

Employer's Address _____ Current Salary _____

EMPLOYMENT HISTORY

Please list your last three jobs, your job titles and dates of employment.

1. _____

2. _____

3. _____

FINANCIAL INFORMATION

(This section must be fully completed for your application to be considered.)

List names and ages of all other residents in household:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Household Income

List known or estimated monthly income in the semester for which this application is made.

From Your Employment \$ _____
From Other Members of Household \$ _____
From Any Other Source (alimony, child support, etc.) \$ _____
Total Monthly Household Income From All Sources \$ _____

ACADEMIC FINANCIAL PLANNING

Indicate what your academic expenses will be for the semester/quarter for which you are applying for this scholarship. This scholarship may be applied to tuition, books and fees only. You must reapply or update your application for each semester for which you wish to be considered.

Semester (*Check One*): Spring ____ Fall ____ School Year: _____

Status: Full-time _____ Part-time _____ # of Hours: _____

Tuition/Fees: \$ _____ Books: \$ _____

STUDENT FINANCIAL AID

List all sources of financial aid you are applying for and/or have received notification of award.

Scholarship/Award/Loan/Grant:	Amount	Awarded:		
_____	\$ _____	Yes ____	No ____	Pending ____
_____	\$ _____	Yes ____	No ____	Pending ____
_____	\$ _____	Yes ____	No ____	Pending ____
_____	\$ _____	Yes ____	No ____	Pending ____
_____	\$ _____	Yes ____	No ____	Pending ____

EDUCATIONAL GOALS

What career are you planning to pursue? _____

Anticipated completion date: _____

ADDITIONAL INFORMATION

“How have I been touched by cancer?”

“How I plan to advance cancer research.”

I certify that I have answered all of the above questions truthfully to the best of my knowledge.

Signature

Date