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## NANCY JAYNES MEMORIAL SCHOLARSHIP AWARD APPLICATION ANNOUNCEMENT

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The Nancy Jaynes Memorial Scholarship Award is named in honor of the founder of the Indiana Breast Cancer Awareness Trust (IBCAT), Nancy Jaynes. Nancy lost her battle with breast cancer in March 2008. Nancy was a Plymouth (Indiana) High School Family and Consumer Sciences teacher. She envisioned the breast cancer license plate to be a traveling billboard and reminder about the importance of early detection and prevention of breast cancer. The mission of the Indiana Breast Cancer Awareness Trust is to increase awareness and improve access to breast cancer screening, diagnosis and support services throughout Indiana. To date, IBCAT has funded over \$5 million in grants supporting our mission.

IBCAT is currently accepting applications for the Nancy Jaynes Memorial Scholarship. The scholarship of up to \$2,500 for college or post-secondary technical schooling is awarded to an Indiana High School Senior(s) whose parent is currently battling breast cancer or who has lost a parent to breast cancer. Application guidelines and instructions are included in this announcement.

**APPLICATION DEADLINE IS JANUARY 25, 2019.**

**Incomplete applications will not be considered. Applications must be postmarked no later than January 25, 2019. Emailed and Faxed applications will not be accepted.**

**Contact information for submission and inquiries:**

Indiana Breast Cancer Awareness Trust  
P.O. Box 8212  
Evansville, IN 47716

Phone: 866.724.2228 (toll free)  
Email: [info@breastcancerplate.org](mailto:info@breastcancerplate.org)

## Guidelines and Instructions

**Purpose:** The purpose of the Indiana Breast Cancer Awareness Trust, Nancy Jaynes Memorial Scholarship Award is to provide financial assistance for a student(s) who has a parent battling breast cancer or who has lost a parent to breast cancer to attend a post-secondary educational program (technical school or college) through scholarship funds.

**Eligibility Requirements:** In order to be eligible for consideration, scholarship applicants must:

- \* Have a parent battling breast cancer or has lost a parent to breast cancer.
- \* Be a high school senior, reside within and attend high school (or be home-schooled) in Indiana. (If you do not reside in Indiana, your application will not be considered.)
- \* Plan to pursue a degree, either full-time or part-time, in any accredited post-secondary institution in Indiana.
- \* Have a cumulative high school GPA of 2.8 on a 4.0 scale.
- \* Be a U.S. citizen, or documented permanent resident of the U.S. Race, color, creed or sex will not be factors in choosing the Award winner(s).
- \* Recipients will be asked to provide proof of acceptance to a college or university before receiving payment of the Award.

**Application Submission Instructions:** In order to be eligible for consideration, scholarship applications must:

- \* Be typed (preferred) or printed in blue or black ink on only one side of the page. Essays must be typewritten.
- \* Be clearly legible and submitted in English. IBCAT is not responsible for mistakes made due to illegible applications.
- \* Be submitted in hard copy. Applications received by fax or email will NOT be accepted.
- \* Be submitted in the same order as received. Applications may be paper clipped in their entirety, but please do not separate/group parts of the application by paper clipping or stapling certain sections.
- \* Include current and accurate contact information. IBCAT will contact you at the phone number, email address, or physical address you provide.
- \* Provide all signatures where indicated on the application.

### Application Timeline:

January 25, 2019: Completed applications and all supporting materials due IBCAT.

April 15, 2019: All applicants will be notified by letter of the results of the Scholarship Committee. Only the scholarship award winner(s) will be notified by phone, mail or e-mail. The names and photographs of scholarship winners may be used by IBCAT for public relations purposes.

**Application Checklist:** Please submit application items in the order listed. Recommendation letters may be sent separately by the recommenders.

- Fully completed and signed application
- Three completed of Recommendation Forms (One form is included within the application. Please make an additional copy for each reference.)
  - High School Counselor—must complete second page of recommendation form and include most recent transcript.
  - Teacher
  - Other
- Essay on topic provided



# Nancy Jaynes Memorial Scholarship Award Application Form

<b>Applicant's Full Name:</b>			
	First	Middle	Last
<b>Street Address:</b>			
<b>City, Zip Code</b>			
<b>Mailing Address (if different):</b>			
<b>City, Zip Code</b>			
<b>Birth Date:</b>			
<b>Phone Number (Daytime):</b>			
<b>Email:</b>			
<b>How did you hear about this scholarship program?</b>			

## Family Background

<b>Biological Father's name:</b>		
Diagnosed with Breast Cancer? Y/N	<u>Currently</u> Undergoing Treatment? Y/N	Passed Away from Breast Cancer? Y/N
<b>Address:</b>		
<b>Occupation/Employer:</b>		
<b>Biological Mother's name:</b>		
Diagnosed with Breast Cancer? Y/N	<u>Currently</u> Undergoing Treatment? Y/N	Passed Away from Breast Cancer? Y/N
<b>Address:</b>		
<b>Occupation/Employer:</b>		
<b>Step-Parent's or Guardian's Name:</b>		
Diagnosed with Breast Cancer? Y/N	<u>Currently</u> Undergoing Treatment? Y/N	Passed Away from Breast Cancer? Y/N
<b>Address:</b>		
<b>Occupation/Employer:</b>		

Number of other family members currently attending college, at least part-time, in your household: \_\_\_\_\_

List all siblings in your household, their ages, and if they are dependent upon the family for support:

Name	Relationship	Age	Dependent upon family?	
			Yes	No

### Educational Data

High School attending:	
Address, City, State:	
Main phone number:	
Counselor's name:	
Counselor's phone number:	
Counselor's email address:	

To what accredited post-secondary education institutions have you applied or plan to apply?

Name of Institution	City, State	Accepted?	Denied?	Pending?

Anticipated major or area of study?	
What is your career goal?	
Do you plan to live:	On campus _____ At home _____ Off campus _____ Unknown _____

Have you been awarded other scholarships? Yes/No If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**Extracurricular Activities – includes clubs, sports, student associations, etc.**

Organization:	Description of activities:	Fresh.	Soph.	Jr.	Sr.
Example: Student Council	President – conducted meetings; participated in coordinating homecoming parade, prom			X	X

**Community Service – includes non-paid service rendered in the community**

Service/Volunteer work:	Your specific role:	From-Thru:	Hrs/week:
Example: Hospital Volunteer	Helped in children’s ward	10/03 – 6/04	5

**Talents/Awards/Honors**

Talent/Award/Honor:	Description:	Fresh.	Soph.	Jr.	Sr.
Example: Most Athletic	Voted as most athletic by senior class members				X

**Employment/Internships/Summer Activities**

Company:	Your specific role/job title:	From-Thru:	Hrs/week:
Example: Ace Insurance, Inc.	Answered customer phone calls, filing	5/04-8/04	20

**RECOMMENDATION FORM**  
**(PLEASE PHOTOCOPY OR PRINT THREE FORMS FOR YOUR USE.)**

Three (3) recommendations are required. One recommendation from a current or past teacher, a high school counselor and a third person of the applicant's choice. Each recommender must complete this form and **submit directly** to the Indiana Breast Cancer Awareness Trust, P.O. Box 8212, Evansville, IN 47716 **no later than January 25, 2019.** **Counselors must also complete the form on the next page and attach the applicant's academic transcript and test scores.**

**TO BE COMPLETED BY THE APPLICANT:**

Name of Applicant:	Phone:
Current High School:	

**TO BE COMPLETED BY THE RECOMMENDER:**

Recommender Name:	Occupation:
How long have you known the applicant?	In what capacity?
What are three words you would use to describe the applicant?	

Please rate the student in the following areas:

	One of the best I've ever met	Excellent	Above Average	Below Average	Average	Not able to rate
Potential for college success						
Personal initiative						
Respect for others						
Intellectual curiosity						
Sense of humor						
Creativity (scholastic or artistic)						
Peer relationships						
Maturity and integrity						

What is this student's principal strength?  
 \_\_\_\_\_

What is this student's principal weakness?  
 \_\_\_\_\_

Has this student demonstrated leadership ability? Please cite specific examples.  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone Contact: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## HIGH SCHOOL COUNSELOR INFORMATION

**(This is in ADDITION to the Recommendation Form. Also include a copy of the Applicant's transcript.)**

Has this student taken advantage of the most challenging opportunities your school has to offer (e.g., AP or honors courses, independent study, service organizations, academic clubs, etc.)?

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Please explain any special circumstances or provide information and insights that would be helpful to the Award Committee.

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Student's rank:	Class size:	Cumulative GPA (use 4.0 scale):	Weighted or Unweighted GPA? (please circle one)
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**TOTALS:**

**INDIVIDUAL AREA SCORES – List best if taken multiple times.**

<b>Total SAT score:</b>	_____ Subject Score:	_____ Subject Score:	_____ Subject Score:
<b>Total ACT scores:</b>	_____ Subject Score:	_____ Subject Score:	_____ Subject Score:

If student has not taken SAT/ACT please list dates he/she is scheduled to take them:	SAT:	ACT:
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Name: _____	Institution: _____
Position: _____	Phone: _____
Signature: _____	Fax: _____
Email: _____	Date: _____

**Return to: Indiana Breast Cancer Awareness Trust  
P.O. Box 8212  
Evansville, IN 47716**

## ESSAY

Applicants are required to write an essay on: “**How has breast cancer changed you and how have you demonstrated your support in the fight against breast cancer?**”

The Award Committee is concerned about the quality of your writing, but more importantly, about the quality of your *thinking*.

Your essay should be typed, double-spaced. It should be no more than 12 point font size and be no longer than 500 words. Include your name at the top of each page.

### Scholarship Agreement

I certify that the information on this application and the supporting materials are complete, factually correct, and honestly presented. I further certify that, to the best of my knowledge, I meet all eligibility criteria noted above and understand the scholarship is contingent upon the following items:

- I will inform the Indiana Breast Cancer Awareness Trust, Inc. (IBCAT) by **June 1, 2019** what post-secondary educational program I will be attending in the fall to allow time for the transfer of scholarship funds.
- I must attend an accredited post-secondary institution in Indiana.
- I agree to the releasing of high school transcripts and requested information to IBCAT. Furthermore, my name and photograph may be used by IBCAT for public relations purposes.

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Applicant's Signature

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Applicant's Name (Printed)

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Date