



P.O. Box 8242
Christiansted, VI 00823
www.ribbonsforcure.net
ribbonsforcure@outlook.com

RIBBONS FOR A CURE, INC. GENERAL SCHOLARSHIP

Ribbons for a Cure, Inc. (RFAC) announces its scholarship for the school year 2023-2024. One scholarship in the amount of \$2,500 will be awarded to the successful recipient.

A. Eligibility Requirements:

1. Applicant must be a legal resident of the U.S. Virgin Islands.
2. The applicant must be a graduating senior high school student accepted into a college or university, OR
3. A full-time student attending an accredited post-secondary academic college or university, or an accredited vocational, trade or business school as a full-time student during the 2023-2024 school year.
4. The applicant must be either:
 - a) A Cancer Survivor or
 - b) Parent or guardian have had or currently have cancer
5. Applicant must have a cumulative GPA of 2.5 or higher.

Applicants will be evaluated on scholastic achievement, character, leadership, school and community activities, and the content and quality of the essay.

B. Required Documents:

The following information must be received via email or post marked no later than April 30, 2023. Mail all materials to: **RIBBONS FOR A CURE, INC., Scholarship Committee, P.O. Box 8242, Christiansted, VI 00823** or email to **ribbonsforcure@outlook.com**.

1. A completed APPLICATION FOR SCHOLARSHIP GRANT (attached).
2. An academic transcript with certification by the school registrar is required.
3. Two (2) letters of recommendation from adults (not relatives). One of the letters must be from a school official on the school's letterhead.
4. An original essay by the applicant containing approximately 500 words, typed, double-spaced and 12-point font size Times New Roman. The essay should address how you were impacted by cancer.
5. A completed and signed Physician Verification Form (attached) for the applicant or the parent or guardian.

C. Other:

1. The successful recipient will be required to attend the Scholarship Presentation Ceremony.
2. This Scholarship can be used for any educational expense such as tuition, books, fees, room and board or other direct college related expense (not only tuition).
3. Proof of enrollment for the 2023-2024 academic year must be presented prior to issuance of award.
4. There is NO Renewal of this Scholarship.

NOTE: ONLY COMPLETED FILLED APPLICATIONS WITH REQUIRED SUPPORTING DOCUMENTS WILL BE CONSIDERED.

THE DECISIONS OF THE SCHOLARSHIP COMMITTEE WILL BE FINAL.

2023 Scholarship



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2023 APPLICATION FOR SCHOLARSHIP GRANT (Page 1 of 3)
STUDENT INFORMATION

First Name: _____ Last Name: _____

U.S. Virgin Islands Resident: Yes _____ No _____

Physical Address: _____

Mailing Address: _____

Home Telephone Number: _____ Cellular Number: _____

Email address: _____

Name of Parent (s) or Guardian (s) _____

Telephone Number: _____ Cellular Number: _____

Are you a cancer survivor? Yes _____ No _____

If no, provide the information for the parent who has or have had cancer.

Type of cancer: _____

Date of Diagnosis: _____

Parent Information:

First Name: _____ Last Name: _____

Relationship to you: _____ Telephone Number: _____

Type of Cancer: _____

Date of diagnosis: _____

ACADEMIC INSTITUTION INFORMATION

Name of Current School: _____

School Address: _____

College Major: _____

Career Goals: _____



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2023 APPLICATION FOR SCHOLARSHIP GRANT (Cont.) Page 2 of 3

SCHOOL ACTIVITIES:

YEAR	ACTIVITY	POSITION	Estimated # OF HOURS PER WEEK

COMMUNITY ACTIVITIES:

YEAR	ACTIVITY	POSITION	Estimated # OF HOURS PER WEEK

HONORS/AWARDS:

COMMENTS

Please provide any additional information or special facts that you would like the Scholarship Committee to consider with your application.



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**RIBBONS FOR A CURE, INC.
FINANCIAL ASSISTANCE PROGRAM**

PHYSICIAN VERIFICATION FORM

This is to verify that the following patient is receiving or has received treatment for a diagnosis of cancer:

Patient Name: _____

Type of Cancer: _____ Date of Diagnosis: _____

Treatment Type(s): _____

Physician/Provider Name: _____

Physician/Provider Address: _____

Physician/Provider Phone Number: _____

PHYSICIAN'S SIGNATURE

DATE:

Please return completed form to:
RIBBONS FOR A CURE, INC.
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