

All About Pink Scholarship

Sponsor: Parmer County Cancer Coalition

Deadline: April 1st of each calendar year

Maximum Award: \$2,000

Eligibility: High school seniors and entering college students in Parmer County, Texas

Comments: You must be the natural, adoptive or step child of a parent who has succumbed to cancer or be a cancer survivor yourself.

When a loved one is suffering from cancer, it can be a difficult time for other family members; especially children looking to secondary education. The All About Pink Scholarship helps by providing support to families with college age students whose parent or self has succumbed to the disease and might be struggling financially as they begin making preparations for college.

The All About Pink Scholarship is intended to provide financial assistance to those students who might otherwise be unable to obtain a college education.

Eligibility:

- Application for scholarship must be submitted by the student him/herself, including a photograph of the applicant.
- You must be a graduating high school senior or entering college freshman.
- You must be the natural, adoptive or step child of a parent who has succumbed to cancer or be a cancer survivor yourself.
- Exceptions to certain requirements may be made by the Parmer County Cancer Coalition Scholarship Committee.

This scholarship will be split in two payments. \$1,000 will be awarded for the fall semester and the other \$1,000 will be awarded for the spring semester, as long as an enrollment schedule is shown as proof that the student is continuing their education. Once awarded, this scholarship can continue being awarded for four years, as long as proof is shown that the student is enrolled each semester.

Return application:

By Mail:

Parmer County Cancer Coalition
PO BOX 222
Friona, TX 79035

Drop off:

Counselor's Office
or
Kendrick Oil Co.
801 S. Main St.
Friona, TX 79035
Office: Magali Morales



All About Pink Scholarship



Student's Name: _____
Last First Middle

Address: _____
Mailing Address City State Zip

Telephone: () _____

Father/Guardian: _____

Mother/Guardian: _____

Are you a cancer survivor or are a natural, adoptive, or step child of a parent who has succumbed to cancer? Briefly explain.

Signature

Date