

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 fundraisers 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