

2012

**MICHAEL D. McCOY & ST. JUDE RUN SCHOLARSHIP**  
**APPLICATION**

**IN CELEBRATION OF THE 31ST YEAR OF THE ST. JUDE RUNS**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**RESIDENCE:** \_\_\_\_\_  
(Number & Street Name) (City) (State) (Zip)

**PHONE:**(\_\_\_\_\_) \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**THE SCHOLARSHIP MAY BE USED FOR COLLEGE OR ACCREDITED VOCATIONAL SCHOOL**

**ELIGIBILITY:**

1. **Current or former patient or sibling of current or former patient treated by the St. Jude Midwest Affiliate.**
2. High school senior or already enrolled in college or accredited vocational school.
3. Maintained a "C" or above average.
4. Applicants whose college or vocational school entry or continued enrollment is interrupted by military service will be considered.

**PLEASE INCLUDE THE FOLLOWING:**

1. A statement of 250 words or less on why you should be considered for this scholarship.
2. Three (3) non-family letters of recommendation.
3. High school seniors- a copy of your high school transcript showing your last six semester grades.
4. College or vocational students- a copy of your transcript and proof of good standing.

**1. STATUS WITH THE ST. JUDE MIDWEST AFFILIATE (Answer A or B):**

- A. ARE YOU A CURRENT PATIENT? \_\_\_\_\_ or a FORMER PATIENT? \_\_\_\_\_  
WHEN WERE YOU A PATIENT? \_\_\_\_\_
- B. ARE YOU A SIBLING OF A CURRENT PATIENT? \_\_\_\_\_ or a SIBLING OF A FORMER PATIENT? \_\_\_\_\_  
WHEN WAS SIBLING A PATIENT? \_\_\_\_\_  
NAME OF SIBLING? \_\_\_\_\_

**2. HONORS & AWARDS (Year and nature of honor or award. Use separate sheet if needed.):**

- A. HIGH SCHOOL \_\_\_\_\_
- \_\_\_\_\_
- B. COLLEGIATE/VOCATIONAL (If already attending) \_\_\_\_\_
- \_\_\_\_\_

over

C. EXTRA-CURRICULAR (School related- high school/college/vocational) \_\_\_\_\_

\_\_\_\_\_

D. CIVIC (Non-school related) \_\_\_\_\_

\_\_\_\_\_

**3. PARTICIPATION IN SCHOOL RELATED EXTRA-CURRICULAR & CIVIC ACTIVITIES**

(Indicate offices held):

A. HIGH SCHOOL \_\_\_\_\_

\_\_\_\_\_

B. COLLEGE/VOCATIONAL (If already attending) \_\_\_\_\_

\_\_\_\_\_

C. EXTRA-CURRICULAR (School related- high school/college/vocational) \_\_\_\_\_

\_\_\_\_\_

D. CIVIC (Non-school related) \_\_\_\_\_

\_\_\_\_\_

**ANY QUESTIONS CALL OR E-MAIL**

Vic Reed @ 309 692-1163 or [vic.reed309@comcast.net](mailto:vic.reed309@comcast.net)  
Shirley Meils @ 309 645-7737 or [sdl@bumail.bradley.edu](mailto:sdl@bumail.bradley.edu)

**FORWARD YOUR COMPLETED APPLICATION TO**

Vic Reed  
6804 Bobolink  
Peoria, IL. 61614

**APPLICATIONS ARE DUE BY SATURDAY MARCH 31, 2012**

**THE RECIPIENT WILL BE PRESENTED AT A LUNCHEON HOSTED BY THE COMMUNITY FOUNDATION OF CENTRAL ILLINOIS IN PEORIA IN JULY, 2012 (EXACT DATE TO BE DETERMINED BY THE COMMUNITY FOUNDATION)**

**THE RECIPIENT WILL ALSO BE INVITED TO MEMPHIS, TENNESSEE TO BE INTRODUCED AND SPEAK AT THE ANNUAL RUNNER SENDOFF DINNER ON TUESDAY, JULY 17, 2012**