



GABRIELA BLANCO SCHOLARSHIP Application

ACADEMIC YEAR - Indicate the academic year for which you are applying for scholarship assistance.

☐ Freshman

☐ Sophomore

☐ Junior

☐ Senior

Past Recipient of Gabriela Blanco Scholarship: ☐ YES ☐ NO

PERSONAL DATA

First Name: _____ Middle Initial: _____ Last Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email Address: _____

EDUCATION

Name of High School Attended: _____

Address: _____

City: _____ State: _____ Zip Code: _____

High School GPA: _____ Intended major, if known: _____

Name of U.S. Accredited College Attending: _____

Address: _____

City: _____ State: _____ Zip Code: _____

College GPA: _____ Major: _____

Degree Expected: _____ Expected Year of Graduation (College): _____

MEDICAL INFORMATION

Sibling

Cancer Diagnosis: _____ Age Diagnosed: _____

Name of Attending Physician: _____

Telephone: _____ Email Address: _____

Name of Hospital and Address: _____

Age of Applicant when Sibling was Diagnosed: _____

EXTRACURRICULAR ACTIVITIES

Please list your Extracurricular Activities: _____

Please list your Community Service Activities: _____

On a separate sheet, please answer the following essay question:

How has my experience with childhood cancer impacted my life and career goals?
(minimum of 500 words with a maximum of 1,000)

Past recipients please also answer following prompt:

What has been the impact of being a Gabriela Blanco Scholarship recipient and how do you think it can support your goals should you be selected once more?
(minimum of 500 words with a maximum of 1,000)





GABRIELA BLANCO SCHOLARSHIPS

Release

As a condition of becoming a Gabriela Blanco Scholarship recipient, I agree to the following. In furtherance of its cause, I grant Sofia's Hope, Inc. (SH) unlimited publicity rights. That is, SH shall have the right to use my name, image, likeness, etc. in its website, newsletters, brochures, and other publications or promotional materials, as well as in news media coverage. I also agree to grant SH unlimited copyright rights in all materials that SH produces about me or on my behalf, either as part of the application process or during my ongoing relationship with SH. Such materials include, but are not limited to essays, speeches, pictures, videos, and my success story. SH shall retain the aforementioned rights during the time in which I am a student and beyond.

Applicant's name (print)

Applicant's signature

Date

Complete this portion if the applicant is a minor:

As the parent/guardian of the applicant I agree to the above.

Parent/Guardian's name (print)

Parent/Guardian's signature

Date

To complete your application, submit each of the following materials:

- Application form filled out in its entirety
- Copy of birth certificate*
- Essay page
- Letter on official letterhead from attending physician verifying sibling's medical history and current medical situation*
- Copy of an acceptance letter from the college/university of applicant's choice or a letter of good standing from the registrar
- Letter on official school letterhead of recommendation from academic teacher addressing why applicant should receive the scholarship
- Signed Release

***Past recipients do not need to re-submit copy of birth certificate or letter verifying medical history, however, letters of good standing and recommendation are still required.**

Completed applications and supporting documents must be submitted (postmarked) by March 31, 2020 to be considered for the 2020 Fall Semester. Incomplete packets will not be considered. Winners of the scholarships will be announced by April 24, 2020.

**Sofia's Hope
ATTN: Scholarship Application
10106 SW 126th St
Miami, FL 33176**



On behalf of all of us at Sofia's Hope, good luck!