Susan H. Reid Scholarship
(in partnership with Debbie’s Dream Foundation: Curing Stomach Cancer)

Major Criteria for Eligibility:
• Qualifications: parent that has either been diagnosed, treated, or passed away with cancer; or personal cancer history
  o Potential awardees with primary caregivers that have either been diagnosed, treated, or passed away with cancer are also eligible (i.e. primary caregivers can be a parent, grandparent, aunt, uncle, etc.)
• Two personal essays:
  o 1) Describe an activity you have been involved in within the past year and why it has been significant to you.
  o 2) Describe your circumstances and how cancer has affected your life.
  o Total length of essays combined should be limited to 2 pages or less.
• Awardee must be attending high school in Cumberland County, North Carolina

Academic Success/GPA Requirement:
• Considered with other criteria

Financial Need:
• Considered with other criteria

Other Criteria and Priorities:
• Activities (i.e. athletics, student organizations, volunteer/work experience, etc.), character, leadership, community involvement, personal circumstances
• Not based on potential major or study interest areas

Amount: $1,000 (Renewable for subsequent years – total $4,000 over 4 years)

APPLICATION CHECKLIST:
• Applicant information sheet (below)
  o If available, current school transcripts may be submitted with the application; school transcripts are only required for verification of GPA if selected as a recipient
• 2 essays (limited to 2 pages or less)
• Résumé or CV
• Letters of Reference are welcomed, however, they are not a requirement
• Please send all information in a single Word or PDF attachment to SHRscholarship@gmail.com
  o Submitting all information as a single attachment allows for easier consideration of the candidate.

Deadline: May 11th, 2024 at 11:59PM
Contact Information: Contact SHRscholarship@gmail.com with any questions.
Applicant Information:

Full Name: __________________________________________

Mailing Address: __________________________________________

E-mail Address: __________________________________________
**Please be sure this email will be checked after high school graduation. Please do not use CCS email addresses.

Phone Number: __________________________________________

High School: __________________________________________

Anticipated Graduation Date: ______________________________

GPA: _________

Weighted GPA (if applicable): _________

College/University Attending: ______________________________

Brief Explanation of Financial Need (if applicable):

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