

Robin H. Preston Scholarship Foundation

Overview

Robin H. Preston was the mother of a teen-aged daughter and a teen-aged son when she received her cancer diagnosis. Her goal was to see her children graduate High School and College. This goal was partially realized as Robin was able to see her daughter graduate from high school but Robin passed away from breast cancer in 2016 prior to seeing her son graduate from high school. This Foundation was discussed prior to her death, and Robin was instrumental in determining the criteria for the award. The scholarship is awarded to a student who has lost a parent to breast cancer, who has a parent currently with breast cancer, or who has a parent that is a breast cancer survivor. The Robin H. Preston Scholarship Foundation is a federally approved 501(c)3 non-profit organization.

According to the terms of this scholarship, a student will be selected on the basis of eligibility, an essay, grade point average, community service, high school athletic involvement, and letters of recommendation. Financial need will not be a consideration.

Scholarship winners are required to participate in at least one breast cancer awareness project during their scholarship school year. Recipients may complete this requirement on their own or through other organizations in fulfilling this requirement.

The Robin H. Preston Foundation shows no bias toward students of any particular race, religion, or gender. None of these will be considered in awarding scholarships.

A \$1500 SCHOLARSHIP IS AWARDED FOR ONE ACADEMIC YEAR ONLY.

Due to the volume of applicants, we may not be able to notify each individual student of our decisions. **Winners will be notified personally by phone and/or presented the scholarship notification at their respective High School awards night.** The scholarship award will be paid directly to the winner's college or university.

Eligibility

Students applying for a scholarship from the Robin H. Preston Scholarship Foundation must meet the following criteria:

- Student must have lost a parent to breast cancer or complications relating from the disease or have a parent who has survived breast cancer or a parent currently receiving treatment for breast cancer.
- **STUDENT MUST BE A HIGH SCHOOL GRADUATE WITHIN HOUSTON COUNTY, GEORGIA.**
- Student must be a **current high school senior who will graduate the year of application.**
- Student must have a minimum GPA of 3.0.
- Student must have participated in High School Athletics.
- Student must be a legal resident of the United States.
- Student must be accepted as a full-time enrollee in an undergraduate program at either a two or four-year accredited college or university.

Required Documentation

NOTE: APPLICATIONS MUST BE POSTMARKED ON OR BEFORE April 1, 2017.

- Please print or type one entire application. Incomplete applications cannot be accepted.
- Please include ONE official copy of your school transcript, sealed and signed by school official across the envelope seal (may be sent to us separately by school per school policy).
- Three letters of recommendation must be included. Each recommendation must be in a sealed envelope with the writer's signature across the envelope seal. We encourage you to seek recommendation letters from teachers, counselors, coaches, ministers, civic/community leaders, or employers, rather than family members.
- Please **E-MAIL** at least one photo of yourself to the email listed below. Photos could be senior portrait-type shots. We would also like a photo of yourself with your parent who was affected by breast cancer, if possible. (Photos that are e-mailed are easier to transfer to our website and Facebook page. Thanks for your cooperation.)
- Official documentation of your parent's cancer **must** be included. This could include a note from a doctor, diagnosis documents, or a death certificate. Personal medical information will always be kept confidential IAW HIPAA.

Student Essay

One typewritten essay is required for each applicant. **Your full name should be included at the top of each page.** Your essay should be typed and attached to the application form. Your essay will be the primary selection criteria for this award.

The following essay topic is required for all applicants and should be a minimum of five paragraphs:

(Required) How will receiving this scholarship affect you and your family?

Choose at least one topic from the list below to incorporate into your essay:

How has the occurrence of cancer in your parent impacted your life?

What was the biggest adjustment in your life since your parent's battle with cancer began/ended?

What have you learned from this experience and how might you help others because of it?

What do you prize more now, than you did before this experience?

What advice would you give to a child whose parent has just been diagnosed with breast cancer?

Thank you for your interest in our scholarship program. Please be sure you have included all required documents for consideration: essay, letters of recommendation, transcript, and proof of breast cancer diagnosis. **IF ALL DOCUMENTS ARE NOT INCLUDED WE CANNOT CONSIDER YOU FOR A SCHOLARSHIP.**

NOTE: Please list honors, activities, offices held, volunteer/church work, etc. on a separate sheet of paper and attach to this application.

Student Information

Applicant's full name _____

Street address _____

City, state, zip code _____

Phone number _____ Cell phone number _____

Most used e-mail address _____

Date of birth _____

Gender _____ U.S. citizen? _____

Parent or Guardian Information

Parent or guardian name _____

Street address _____

City, state, zip code _____

Phone number _____ Parent cell number _____

Parent e-mail address: _____

Sibling Information

Names and ages _____

Personal Reference Information (2)

1. Personal reference's name _____

Street address _____

City, state, zip code _____

Phone number _____ Relationship to applicant _____

2. Personal reference's name _____

Street address _____

City, state, zip code _____

Phone number _____ Relationship to applicant _____

Student Education Information

High school currently attending _____

Address _____

Phone _____ Graduation date _____

How did you hear about this scholarship? (school counselor, physician, internet research, friend or family member, etc). _____

Future Academic Plans

College/university you plan to attend _____

Intended major _____ Anticipated graduation date _____

Student and Parent/Guardian Affirmation

Both the student and the parent/guardian must read the following statement and sign as indicated.

We affirm that the information provided on this application is accurate to the best of our knowledge. We understand misrepresentations may constitute fraud which may result in loss of eligibility of this scholarship or have other legal consequences. We give permission for the Board Members of the Robin H. Preston Scholarship Foundation to review student transcripts and other personal information.

_____	_____	_____
Applicant Signature	Print Name	Date

_____	_____	_____
Parent/Guardian Signature	Print Name	Date

Awareness Project Agreement:

I, _____, understand that completion of a Breast Cancer Awareness activity is **HIGHLY ENCOURAGED** of all recipients of scholarships from the Robin H. Preston Scholarship Foundation. I understand that an explanation and details of my participation must be provided by email, by the end of my freshman year.

Applicant's signature _____ **Date** _____

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2017 Application Checklist

Before submitting your application, please be sure you have included the following items:

- _____ ONE copy of the completed and **signed** application
- _____ TWO copies of your essay. Each page should have your name and address at the top.
- _____ ONE copy of deceased parent's death certificate or physician verification of breast cancer diagnosis for surviving or deceased parent
- _____ ONE copy of official transcript, sealed and signed by school official across the envelope seal (may be sent to us separately by school per school policy)
- _____ THREE letters of recommendation, sealed and signed across seal by writer
- _____ THREE copies of list of honors, activities, offices held, volunteer/church work, etc.
- _____ At least one photograph of yourself or with affected parent emailed to the address below.
(Please include your name and the word "application" in the message line.)

Please enclose **two copies** of your essay and your application. Keep an additional copy for your own records.

NOTE: We only need ONE copy of your transcript and ONE copy of official documentation of breast cancer.

You will not be considered for the Scholarship if all documents listed above are not received.

All documents must be mailed together in one envelope.

WE HIGHLY RECOMMEND SENDING BY CERTIFIED MAIL TO ENSURE DELIVERY.

MAIL Completed Application and Documents to:
Robin H. Preston Scholarship Foundation
PO Box 8316
Warner Robins, Georgia 31095-8316

Contact information: Email: RHPFoundation@Hotmail.com

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1 April, 2017