



Office use only: Student ID _____

New Prague Area Education Foundation
 Mar E. Linda Memorial Scholarship
 2014

PLEASE NOTE: Applicants for this scholarship must have had a ***sibling, parent (or self)*** affected by cancer.

Last name	First name	Middle name
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Street address	City	St.	Zip	Phone number (cell)
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Post-secondary institution (1st choice) _____ (2nd choice) _____

Career Goal (list all possible careers)

Major/Minor (if known)

**Please attach a 300-500 word essay.
 Topic: The Effect of Cancer on My Life.**

Cancer affects many people in our world every day. Think of a situation in which you or a family member has been affected by cancer. How was this person related to you (see note above). How did you respond to this adversity? Discuss your life before and your life after the diagnosis. Consider not only your own life but also the lives of the person who was affected. Describe how your future has changed as a result of your experiences.

Return all materials to the NPHS guidance office by April 30, 2014 for consideration. Please contact Jane Dittberner, NPAEF Scholarship Chair, at 952-758-6664 with questions.