



DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND  
APPLICATION

**Deniece Pittman Academic Scholarship Cancer  
Fund Application**

**Applications must be submitted online\* by March 1, 2022**

**\*An official transcript must be mailed directly from an educational institution.**

For additional information, contact:

[info@attrinc.org](mailto:info@attrinc.org)



## DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

This scholarship is open to females who are permanent residents in Central Ohio, and who are:

- 1) High school seniors who have applied to an accredited college/university/technical school, or;
- 2) Young women age 26 and under attending an accredited college/university/technical school, and;
- 3) Who have cancer or have survived cancer, or;
- 4) Whose parent/guardian has cancer, has survived cancer or has passed away as a result of cancer.

Applicants are required to:

- Complete the Student Profile, Academic Profile, Community Involvement Profile, and Post-Secondary Goals;
- Prepare and submit an essay addressing topics as requested. See guidelines and requirements below;
- Attach proof of enrollment into college/technical school;
- Attach a photo/headshot of yourself (a solo, formal photo of you, e.g., a school photo). (not an informal cellphone selfie);
- Submit two (2) letters of reference. Note: references from relatives will not be accepted.
- Have a minimum a 2.5 cumulative Grade Point Average on a 4.0 scale. An official high school/college/technical school transcript must be sent directly from the educational institution in a sealed envelope. \*Official transcripts must be mailed directly from the educational institution to At The Table Deniece Pittman Academic Scholarship Cancer Fund, P.O. Box 307653, Gahanna, OH, 43230.
- Sign Photo Release (or have parent/guardian sign if applicant under 18).
- Sign Attestation (or have parent/guardian sign if applicant under 18).
- Sign Agreement for Disbursement of Scholarship Funds (or have parent/guardian sign if applicant under 18).
- Have a physician provide a statement regarding your and/or your parent's/guardian's current or past cancer diagnosis.
- Submit all materials by March 1, 2022.

Applicants may be asked to:

- Participate in a phone interview with a Selection Committee representative.

**Scholarship recipient(s) must attend the At The Table Women's Empowerment Luncheon in 2022 (date to be announced - you will receive correspondence from At the Table Leadership).**

**Sorry, no exceptions.**

For additional assistance, go to FAQ (Frequently Asked Questions) section located online at [ATTRINC.org/FAQ](http://ATTRINC.org/FAQ)



## DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

### APPLICATION CHECKLIST

Before submitting your application, please make sure all items listed below are included:

- 1) Completed application (Student Profile, Academic Profile, Community Involvement Profile, Post-Secondary Goals);
- 2) Essay;
- 3) Proof of enrollment into college/technical school;
- 4) Photo/headshot (a solo, formal photo of you, e.g., a school photo);
- 5) Two letters of reference (these can be included in your packet upload or they may send directly via the reference upload option online at [ATTRINC.org/Scholarship](http://ATTRINC.org/Scholarship))
- 6) Official high school or college/technical school transcript mailed directly to At The Table in a sealed envelope from the educational institution to: At The Table Deniece Pittman Academic Scholarship Cancer Fund, P.O. Box 307653, Gahanna, OH, 43230;
- 7) Signed Photo Release Form
  - a) Note: If you are under 18 it must be signed by applicant and parent/guardian
- 8) Signed Attestation
  - a) Note: If you are under 18 it must be signed by applicant and parent/guardian
- 9) Signed Agreement for Disbursement of Scholarship Funds
  - a) Note: If you are under 18 it must be signed by applicant and parent/guardian
- 10) Physician's Statement submitted in your packet upload or the physician may upload and send it directly via our document upload option located at [ATTRINC.org/scholarship](http://ATTRINC.org/scholarship)
  - a) Note: Physician's Release must be signed by applicant or parent/guardian (if applicant under age 18)

**Please note: applications that are missing any of the items noted above are incomplete and will not be considered.**

**All parts of the application for the scholarship must be uploaded\* and submitted to the At The Table Deniece Pittman Academic Scholarship Cancer Fund via [attrinc.org](http://attrinc.org) no later than March 1, 2022. Notification of award will be made by Sunday, June 19, 2022.**

**\*Official transcripts must be mailed directly from the educational institution to At The Table Deniece Pittman Academic Scholarship**

**Cancer Fund, P.O. Box 307653, Gahanna, OH, 43230**



# DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

## SCORING OF APPLICATIONS

The Selection Committee will score applications by the following criteria in selecting the scholarship recipient(s):

- Is the application complete?
- Does the applicant show a clear, achievable academic goal?
- Is applicant well represented in her essay?
- Are career objectives defined?
- Are grammar and spelling acceptable?
- Are goals realistic?
- Does applicant show a commitment to her studies?
- Does the applicant demonstrate community involvement or extra-curricular activities or employment?
- Are references varied and informative?
- In case of a tie, a phone interview with a Selection Committee representative may be required.

**IMPORTANT: Scholarship recipient(s) must attend the At The Table Women's Empowerment Luncheon on Sunday, July 10, 2022. Sorry, no exceptions.**



At The Table is a 501 (c) 3 community organization of seven (7) Executive Board Members that work to implement programs and activities that reach the goals and missions of the organization. We envision a world where women and girls are whole in Mind, Spirit and Body, and where she knows all things are possible! Our mission is to motivate and inspire women and girls in our local community to reach their full potential by addressing social issues through awareness, well-being, mentoring and educational resources.



# DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

Please complete the following 4 sections.

## 1) STUDENT PROFILE:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Age: \_\_\_\_\_ Cell number: \_\_\_\_\_

How did you hear about this scholarship? (circle one):  
Healthcare Provider    Community Organization/Sorority    Counselor    Online Search  
Other \_\_\_\_\_    Church    Friend

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address (if different from above) \_\_\_\_\_

Parent/Guardian Phone (if different from above) \_\_\_\_\_

## 2) ACADEMIC PROFILE:

Name of High School / College / Technical Institution  
\_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Cumulative Grade Point Average (on a 4.0 scale) \_\_\_\_\_ \*Educational institution must mail a sealed copy of the official transcript to At The Table Deniece Pittman Academic Scholarship Cancer Fund, P.O. Box 307653, Gahanna, OH, 43230.



# DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

### 3) COMMUNITY INVOLVEMENT PROFILE:

List any activities (e.g., clubs, church, organizations, sports, employment) in which you have been involved and any leadership roles held. Include dates of involvement. You may upload/attach a separate sheet if more space is needed.

ORGANIZATION	ACTIVITY	DATES OF INVOLVEMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recognition (e.g., academic, church, community, sports)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4) POST-SECONDARY (COLLEGE/TECHNICAL TRAINING) GOALS:

Please list in order of preference the top four colleges/technical schools to which you have applied or plan to apply. For current college / technical school students, please list the school you are attending.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What course of study or trade do you plan to pursue?

\_\_\_\_\_

What career or trade do you plan to pursue?

\_\_\_\_\_



# DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

## ESSAY GUIDELINES AND REQUIREMENTS

Applicants must prepare and submit an essay regarding the following:

- 1) How has my experience with cancer impacted my life values and academic / career goals?
- 2) What have I learned about myself as a result of this?
- 3) Please share any career objectives, plans, personal goals, academic, or personal qualities you believe will help the Selection Committee make a favorable decision regarding your application.

The essay must be:

- At least 500 words
- 3 page maximum
- Double-spaced
- 12 point Times New Roman font
- Include your name in the upper right-hand corner of each page
- Have a one-inch margin on all sides
- Consist of original, unique content. No plagiarism or copyright infringement will be accepted.

## REFERENCE LETTERS

Applicants must ask two non-relatives to submit letters of reference (e.g., high school teacher, guidance counselor, professor/instructor, pastor/clergy member, community leader, etc.).

These letters must include the following:

- Name and email address of person providing reference letter
- Relationship to applicant
- How long reference has known applicant
- Information regarding why applicant should receive the scholarship award

**PUBLICITY RELEASE:** By applying (and signing below) for the At The Table, Deniece Pittman Scholarship, you agree to your image (photos, videos, and voice) to be shared in fundraising efforts, website, social media, or other media outlets. *(If you are under 18, parent's signature is required below)*

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Applicant Signature

Date

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Parent/Guardian Signature (if applicant under age 18)

Date



# DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

## **ATTESTATION:**

All of the information provided in this application is true, and correct to the best of my knowledge.

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Applicant Signature

Date

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Parent/Guardian Signature (if applicant under age 18)

Date

## **AGREEMENT FOR DISBURSEMENT OF ACADEMIC SCHOLARSHIP CANCER FUNDS**

Scholarship Awards must be disbursed to the academic institution in 2022 or the award will be forfeited. No exceptions.

At The Table will forward these funds, in a lump sum payment, to the educational institution identified by the scholarship recipient, upon receipt of the Enrollment Verification Form in one of two ways:

1. Placed in the student's account with the Financial Aid Office and/or Student Affairs Office
2. Placed in a recognized university/college bookstore account in the student's name.

I recognize and accept these conditions for the disbursement of any scholarship award that I (or my daughter/ward if applicant under 18) may receive.

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Applicant Signature

Date

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Parent/Guardian Signature (if applicant under 18)

Date





AT THE TABLE

*Women Serving the Community*

**2022 DENIECE PITTMAN  
SCHOLARSHIP FUND  
MEDICAL RELEASE FORMS**

THE FOLLOWING FORMS MUST BE PRINTED, SIGNED, AND  
VERIFIED BY YOUR PHYSICIAN(S) AND THEN SUBMITTED AT  
[ATTRINC.ORG/SCHOLARSHIP](http://ATTRINC.ORG/SCHOLARSHIP)



**At The Table Deniece Pittman Scholarship Fund**  
**RELEASE OF MEDICAL INFORMATION FORM (FOR A**  
**MINOR UNDER 18 YEARS OF AGE)**

I, \_\_\_\_\_  
First Name (Print) Last Name (Print)

parent/guardian of \_\_\_\_\_  
First Name (Print) Last Name (Print) Date of Birth

authorize the physician listed below to release the following information concerning her to the AT The Table organization: Confirmation that she has been diagnosed with some type of cancer and that at least one of the following apply, she is currently in treatment or she has completed treatment.

Please Print:

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Confidentiality Statement: At The Table will only use this information for the purpose of the Deniece Pittman Academic Scholarship cancer fund application process. This authorization will expire one year from date of authorizing signature.



**At The Table Deniece Pittman Scholarship Fund**

**PHYSICIAN VERIFICATION FORM**

**Patient' s information:**

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Date of birth

As the physician for the above named patient, I confirm that she/he:

Please check all that apply:

1. Has been diagnosed with some type of cancer \_\_\_\_\_
2. Is currently in treatment \_\_\_\_\_
3. Has completed treatment \_\_\_\_\_
4. Died from cancer \_\_\_\_\_

\_\_\_\_\_

Physician Name (Please Print)

\_\_\_\_\_

Physician Signature

\_\_\_\_\_

Date

**\*Please make sure to submit this completed verification online at [ATTRINC.org/Scholarship](http://ATTRINC.org/Scholarship).  
All documents are due by March 1, 2022**



**At The Table Deniece Pittman Scholarship Fund**

**RELEASE OF MEDICAL INFORMATION FORM  
(FOR DECEASED PARENT/GUARDIAN)**

I, \_\_\_\_\_  
First Name (Print) Last Name (Print)

Next of kin and \_\_\_\_\_ of \_\_\_\_\_  
(Relationship) (Deceased name) (Deceased Date of Birth)

authorize the physician listed below to release the following information to the At The Table organization: Confirmation that she/he was diagnosed with some type of cancer and died from cancer.

Please print:

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature Date

Confidentiality Statement: At The Table will only use this information for the purpose of the Deniece Pittman Academic Scholarship cancer fund application process. This authorization will expire one year from date of authorizing signature.



## At The Table Deniece Pittman Scholarship Fund

### RELEASE OF MEDICAL INFORMATION FORM (ADULT)

I, \_\_\_\_\_  
First Name (Print) Last Name (Print) Date of Birth

authorize the physician listed below to release the following information concerning me to the AT The Table organization: Confirmation that I have been diagnosed with some type of cancer and that at least one of the following apply, I am currently in treatment or I have completed treatment.

Please Print:

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Confidentiality Statement: At The Table will only use this information for the purpose of the Deniece Pittman Academic Scholarship cancer fund application process. This authorization will expire one year from date of authorizing signature.