



AT **THE** TABLE
Women Serving the Community

*Deniece Pittman Academic Scholarship
Cancer Fund Application*

**Applications must be
postmarked and returned via certified mail to**

At The Table
Deniece Pittman Scholarship
P.O. Box 307653
Gahanna, Ohio 43230

**by
April 30, 2021**

For additional information, contact:
Barbara Madry via email: info@attrinc.org



DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND
APPLICATION

Application Checklist *

Before sealing your package, please make sure all items listed below are included:

1. Completed application
 - a. **Note: must be signed by applicant and parent/guardian (if minor under age 18)**
2. Typed Essay
3. Bio with a headshot picture (selfies will not be accepted)
4. Two typed letters of recommendation (sealed)
5. Official High School Transcript (sealed)
6. Disclaimer for Scholarship Funds Disbursement
 - a. **Note: must be signed by applicant and parent/guardian (if minor under age 18)**
7. Physicians Release
 - a. **Note: must be signed by applicant and parent/guardian (if minor under age 18)**
8. Publicity release
 - a. **Note: must be signed by applicant and parent/guardian (if minor under age 18)**

****Packets that are missing any of the items noted above will be considered incomplete and will not be considered.***

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.

This scholarship program is for female, graduating high school seniors and young women 26 and under attending college, vocational or trade schools only.

Incomplete applications will not be considered; however, the application may be copied.

Applications for the scholarship must be postmarked **no later than Friday, April 30, 2021 and returned via certified mail. Notification of award will be made by Tuesday, June 1, 2021.**

Please refer to checklist on page 2 prior to submitting application.

Mail completed application package to: At The Table; P.O. Box 307653, Gahanna, OH, 43230



DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

- Applicant must be a female high school senior and/or college student age 26 or younger that has been affected by cancer (this may include currently undergoing cancer treatment, being a cancer survivor or having a parent, guardian who is currently undergoing cancer treatment, a cancer survivor or has lost a parent, guardian to cancer).
- Applicant must be a resident of Central Columbus, Ohio area
- Scholarship Type: Academic Scholarship
- **Award Amount: \$1,000**
- Number of Scholarships: 1 (one)
- Proof of parent/guardianship (birth certificate and/or other legal documents).
- **Recipient must attend the Women's Empowerment Luncheon on June 26, 2021**
- Applicants must have at least a 2.5 cumulative Grade Point Average on a 4.0 scale
- Applicants are required to submit an official high school transcript in a sealed envelope.
- Applicants are required to submit two (2) typed letters of recommendation in a sealed envelope. **Note: recommendations from relatives will not be accepted.**
- Applicant must submit an essay. **How has my experience with cancer impacted my life values and academic / career goals? What have I learned about myself as a result of this?** Essay must be at least 300 words (500 words preferred), and must be original, unique content. No plagiarism or copyright infringement.
- Parent/Guardian is required to sign a Scholarship Funds Disbursement Disclaimer.

Essay Guidelines and Requirements

Applicants are required to submit a typed essay regarding the following: **How has my experience with cancer impacted my life values and academic / career goals? What have I learned about myself as a result of this?**

Essay must be double-spaced and name typed in the upper right-hand corner of each page. It should have one inch margin on all sides, 12 point Times New Roman font, at least 300 words (500 words preferred – 2 page maximum), and must be original, unique content. No plagiarism or copyright infringement.

In reviewing the essays, the judges will consider the following criteria in selecting the scholarship recipient:

- Creativity
- Correct use of grammar and punctuation
- Originality and quality of ideas presented
- Use of research materials to support ideas and assumptions
- Overall flow of the essay

Please refer to checklist on page 2 prior to submitting application.

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DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

Student Profile:

Name _____

Address _____

City/State/Zip _____

Phone _____ Email Address _____

Parent/Guardian _____

Parent/Guardian Address (if different from above) _____

Parent/Guardian Phone (if different from above) _____

Academic Profile:

High School / College / Vocational Name _____

Address _____

City/State/Zip _____

Phone _____

Cumulative Grade Point Average (on a 4.0 scale) _____ ***Please include sealed copy of transcript**

Leadership/Community Service Profile:

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

ORGANIZATION/ACTIVITY LEADERSHIP ROLE/OFFICE HELD DATES OF INVOLVEMENT

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Honors or Recognition (e.g., academic, church, community, sports)

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DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

Collegiate Goals

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

1. _____ 2.
- _____ 3.
- _____
4. _____

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



DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

References - Applicant must submit two letters of recommendation (ie: high school teacher, guidance counselor, college professor, clergy member, community leader, etc).

Please have your references submit a typed letter of recommendation for you. These letters should be addressed to At The Table – Deniece Pittman Academic Scholarship Cancer Fund:

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

Each letter of recommendation should be placed in a sealed envelope and returned to the applicant to be included as part of the application package.

References – List two below

A. Name _____

Address _____

Phone Number _____ Email Address _____

B. Name _____

Address _____

Phone Number _____ Email Address _____

A separate sheet containing these instructions is included.

All information provided in this package is correct to the best of my knowledge.

Applicant Signature Date

Parent/Guardian Signature (if minor under 18) Date

Please refer to checklist on page 2 prior to submitting application.
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DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND
APPLICATION

At The Table SCHOLARSHIP APPLICATION DISCLAIMER

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

I, _____ (Applicant or Parent/Guardian if minor under 18) acknowledge and understand that the scholarship awards received by the winners will only be disbursed in a lump sum payment directly to the university/college identified by the scholarship recipient (Student's Name) _____.

Scholarship Awards must be claimed within 90 days from the date of award, or the award will be forfeited. No exceptions.

At The Table will forward these funds to that institution upon receipt of the Enrollment Verification Form in one of two ways:

1. Placed in 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 myself or daughter (if minor under 18) may receive.

Applicant Signature

Date

Parent/Guardian Signature (if minor under 18)

Date



DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND
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**PARENT/GUARDIAN MEDICAL RELEASE AND PHYSICIAN RELEASE FORM
PAGE 1**

I _____, the patient or
FIRST NAME **LAST NAME**

Parent / guardian of (applicant) authorize my Physician

_____,
FIRST NAME **LAST NAME**

to confirm that I have been diagnosed with any type of cancer and at least one of the following apply: currently in treatment or has completed treatment. At The Table will only use this information for the purpose of the Deniece Pittman Academic Scholarship Cancer Fund application process.

Please Print:

Physician Name: _____

Address: _____

Phone Number _____

Email Address _____

Patient or Parent/Guardian Signature

Date



DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

PARENT/GUARDIAN MEDICAL RELEASE AND PHYSICIAN RELEASE FORM PAGE 2

PHYSICIAN VERIFICATION SECTION

Patient's Information:

FIRST NAME

LAST NAME

I, _____, as the Physician for the above

named patient, confirm she has been or was diagnosed with any type of cancer and at least one of the following applies: currently in treatment or has completed treatment.

At The Table will only use this information for the purpose of the Deniece Pittman Academic Scholarship Cancer Fund application process.

Physician Signature

Date

Physician please email: info@attrinc.org or fax form to: 614-470-9965

Confidentiality Statement: This information will be used for the purpose of qualifying the candidacy of the Deniece Pittman Academic Scholarship Cancer Fund to a High School Senior or College student under the age of 26 per the Policy & Guidelines of At The Table.



DENIECE PITTMAN ACADEMIC SCHOLARSHIP CANCER FUND APPLICATION

INSTRUCTIONS TO BE GIVEN TO REFERENCES

Please have your references submit a typed letter of recommendation for you. These letters should be addressed to At The Table – Deniece Pittman Scholarship and include:

- Name and address of reference
- Relationship to applicant (ie: high school teacher, guidance counselor, college professor, clergy member, community leader, etc). Recommendation letters from relatives will not be accepted.
- How long reference has known applicant
- Information regarding why applicant should receive the scholarship award

The letter should be placed in a sealed envelope before returning to the applicant. Failure to supply all information listed above will result in the applicant receiving a lower score.

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