

**Sickle Cell Disease Foundation of California**

6133 Bristol Parkway, #240

Culver City, CA 90230

(310) 693-0247

**SCOTT ZUNIGA MEMORIAL SCHOLARSHIP FUND**

**for students with sickle cell disease**

**General Statement**

The Scott Zuniga Memorial Scholarship administered by the Sickle Cell Disease Foundation of California will be awarded to students with sickle cell disease attending any accredited post secondary academic program at a university, college or technical school. Applicant must be a resident of Los Angeles, Orange, Riverside, San Bernardino or Ventura counties. Depending on need, the award will range from \$250 to \$1000 per applicant.

Applications for this scholarship will be reviewed by the Sickle Cell Disease Foundation of California's Scholarship Committee. The committee will consider all information which applicants provide in making its decision.

**History of the Scott Zuniga Scholarship**

Scott Zuniga was a very caring person who had many different dreams and aspirations. He was an entrepreneur at heart. He loved being in business for himself, selling his artwork, greeting cards and black figurines. He had the benefit of having his own booth at the Black Business Expo, Los Angeles Convention Center for four consecutive years, under the auspices of Tomorrow Entrepreneur Today, under the direction of Mrs. Fannie Butler.

God granted Scott his fondest desire, the opportunity to graduate high school (Verbum Dei) and go off to college. Scott attended California State University at Humboldt. Scott was on campus for one year; however it was perhaps the toughest year of his life. Due to the challenges of sickle cell disease and the high altitude of the school, Scott was hospitalized several times due to sickle cell crises'

Scott loved people, he always wanted to help. He loved to encourage individuality and loved to give good advice on how to solve problems.

To honor the spirit and memory of their SON, BROTHER and FRIEND, the Zuniga family offers funds for students with sickle cell disease who have a desire to go to college. These funds are for students with a "C" average or above (GPA 2.0+). Although Scott's grade point average did reflect a "C" average, he was truly a student with an "A" heart who persevered through the pain and challenges of sickle cell disease.

*The Family of Scott Zuniga*

## **PROCEDURES**

It is the responsibility of the scholarship applicant to ensure that all materials relevant to the application are sent to the SCDFC by the application deadline.

The application form must be filled out completely by the applicant. **All applications must be typed. No handwritten applications will be accepted.** Faxed or emailed applications will not be considered. Copies of the application are available from the Sickle Cell Disease Foundation of California or can be downloaded from the SCDFC website at [www.scdfc.org](http://www.scdfc.org).

The applicant must submit the following to be considered by the scholarship committee.

1. A completed scholarship application.
2. A two page double spaced type (11 pt font Times New Roman) written autobiographical sketch of the applicant describing his/her goals, strengths, weaknesses and other pertinent information.
3. A cover letter indicating the reasons the scholarship is needed. Please be sure to emphasize your involvement in and/or relationship to the sickle cell disease community (i.e. organizations, activities, volunteer involvement, etc.).
4. A certified copy of transcript from the last school attended must accompany each scholarship application.
5. Three (3) letters of recommendation are required; one from the applicant's school guidance counselor, one from a past or present teacher and one from a non-related person (preferably a physician, social worker or other professional/paraprofessional familiar with the applicant's capabilities.
6. Proof of acceptance in a post secondary school. Entering and transferring students must submit a notice or letter from the admission's office stating that he/she has been accepted or is being considered for admission.
7. Certification of sickle cell disease confirmation form completed by student's physician or nurse (hematologist preferred).
8. A copy of the most recent federal tax returns of the custodial parent(s).
9. Applicant must participate in an interview with the scholarship committee.

## **DUE DATE**

**2008 Academic Year**

**Due Date:** November 1, 2007

**Notification of Awards:** December 2007 (exact date TBA)

The completed form must be submitted together with the requested materials on or before the due date to the address above. Adherence to this deadline is vital and applications received in our office after the due date will not be considered for awards. It is the applicant's responsibility to see that his/her application in its entirety is submitted before the deadline date.

For more information please call the SCDFC at (310) 693-0247 or toll free at (877) 288-CURE.

## **CONDITIONS OF AWARD**

During the academic year of award, scholarship awardees must:

1. Maintain a minimum GPA of 2.0 (C).
2. Complete at least 2.5 to 15 hours of community service at the SCDFC (*hours to be based on award, calculated at 10% of actual dollar figure, \$250 = 2.5 hours, \$500 = 5 hours, etc.*)
3. Maintain at least 9 credits per academic year of award, although full time enrollment (12+) is preferred.

**SCDFC SCOTT ZUNIGA MEMORIAL SCHOLARSHIP FUND**  
**Application**

Student's Full Name: \_\_\_\_\_  Female  Male

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County of residence:  Los Angeles  Orange  Riverside  San Bernardino  Ventura

Telephone: (     ) \_\_\_\_\_ (     ) \_\_\_\_\_  
Day Evening

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

With whom does applicant reside? (*check all that apply*)  Self  Both Parents  Mother  Father  Stepfather  
 Stepmother  Brother(s) # \_\_\_\_\_  Sisters(s) # \_\_\_\_\_  Grandmother  Grandfather  Other \_\_\_\_\_

**Minors only:** If parent's are divorced or separated who has legal custody? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Current Status:  High School Senior  High School Graduate with Diploma  High School Graduate with GED  
 College Student Year:  1  2  3  Other (*specify*) \_\_\_\_\_

Test Scores: PSAT Verbal \_\_\_\_\_ ; PSAT Math \_\_\_\_\_ ; PSAT Writing \_\_\_\_\_ ; SAT-I Verbal \_\_\_\_\_ ; SAT-I Math \_\_\_\_\_  
ACT \_\_\_\_\_ ; SAT-II Writing \_\_\_\_\_ ; SAT-II Math \_\_\_\_\_ ; SAT-II Other \_\_\_\_\_

School Presently Enrolled: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ Major: \_\_\_\_\_

Honors/Awards: \_\_\_\_\_

List other secondary or post secondary schools you have attended:

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Date Attended: \_\_\_\_\_ GPA: \_\_\_\_\_ Date Attended: \_\_\_\_\_ GPA: \_\_\_\_\_

Major: \_\_\_\_\_ Major: \_\_\_\_\_

Degree or Certificate received: \_\_\_\_\_ Degree or Certificate received: \_\_\_\_\_

**EXTRA CURRICULAR SCHOOL ACTIVITIES** (*list & provide year*)

1. \_\_\_\_\_ year \_\_\_\_\_ 3. \_\_\_\_\_ year \_\_\_\_\_

2. \_\_\_\_\_ year \_\_\_\_\_ 4. \_\_\_\_\_ year \_\_\_\_\_

**COMMUNITY RELATED VOLUNTEER ACTIVITIES** (*list & provide year*)

1. \_\_\_\_\_ year \_\_\_\_\_ 3. \_\_\_\_\_ year \_\_\_\_\_

2. \_\_\_\_\_ year \_\_\_\_\_ 4. \_\_\_\_\_ year \_\_\_\_\_

Please explain how living with sickle cell disease has impacted your educational goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To what extent have you been involved with the Sickle Cell Disease Foundation of California? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of applicant \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FINANCIAL INFORMATION** (to be completed by parent/guardian if a minor)

Applicant's Gross Annual Income\* \$ \_\_\_\_\_ Net taxable income as reported to IRS last year \$ \_\_\_\_\_

Place of employment: \_\_\_\_\_ Position: \_\_\_\_\_  F/T  P/T

Mother's Gross Annual Income\* \$ \_\_\_\_\_ Net taxable income as reported to IRS last year \$ \_\_\_\_\_

Place of employment: \_\_\_\_\_ Position: \_\_\_\_\_  F/T  P/T

Father's Gross Annual Income\* \$ \_\_\_\_\_ Net taxable income as reported to IRS last year \$ \_\_\_\_\_

Place of employment: \_\_\_\_\_ Position: \_\_\_\_\_  F/T  P/T

\* attach copy of most recent federal tax return of custodial parent or applicant if not a minor

**Family Income/Monthly Support**

	Mother	Father	Applicant
Wages			
Disability Income			
AFDC/TANF			
Child Support			
Alimony			
Social Security			
Veteran Benefits			
Survivor Benefits			
Bank Interest			
Trust Funds			
Other			

**Hardship:** (complete only if this applies to your household). If there are financial hardships such as large medical bills, several children in college at the same time, prolonged unemployment, excessive bills, please describe in detail the nature of the hardship here (use additional paper if necessary):

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**SCHOOL OR COLLEGE PREFERENCE**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Proposed Major/Field of Study: \_\_\_\_\_

Vocational Intent: \_\_\_\_\_

Have you applied for any grants, scholarships, loans/work study? (specify below)

Type	Date Applied/Received	Amount	Name of Donor

Name of applicant \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

a. Amount of money available immediately for the school year in which you are applying for:

Your own savings: \$ \_\_\_\_\_

Annual amount due per Court and/or Agreement \$ \_\_\_\_\_

Mother \$ \_\_\_\_\_

Father \$ \_\_\_\_\_

College loans, grants, scholarships,  
other sources, etc. \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

b. Estimated Expenses for the school year for which you are applying for:

	School Choice 1	School Choice 2	School Choice 3
Tuition			
Room & Board			
Books & Fees			
Transportation			
Other Expenses			
<b>TOTAL</b>			
Deduct A from B			

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Please include the completed checklist with your application**

**Mail completed application to:**  
Sickle Cell Disease Foundation of California  
Scholarship Committee  
6133 Bristol Parkway, #240  
Culver City, CA 90230

**For office use only**

Date received: \_\_\_\_\_ by: \_\_\_\_\_ Date reviewed: \_\_\_\_\_ by: \_\_\_\_\_

Application Complete:  Yes  No Status:  Accepted  Rejected

**Reason for rejection:**  Incomplete  Handwritten  Past due date  Faxed / Emailed  Out of region  
 Does not have SCD  Other: \_\_\_\_\_

County of residence:  Los Angeles  Orange  Riverside  San Bernardino  Ventura

Applicant contacted for Interview  Yes  No Date of interview: \_\_\_\_\_ Time: \_\_\_\_\_

Status letter mailed:  Yes  No Date: \_\_\_\_\_ by: \_\_\_\_\_

## Sickle Cell Disease Foundation of California

Name of Applicant: \_\_\_\_\_

### APPLICATION CHECKLIST

**Please arrange your materials in the following order** before submitting to the scholarship committee. Check off the items as you prepare your package:

1.  Application Checklist
2.  Cover Letter
3.  Application Form
4.  Proof of Acceptance to college
5.  Autobiographical Sketch
6.  Certified Transcript (*in original sealed envelope*)
7.  Letters of Recommendation (3) with attached form
8.  Sickle Cell Disease Confirmation Form
9.  Tax Return

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**SICKLE CELL DISEASE CONFIRMATION FORM**

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

This form is to be completed by a physician (hematologist preferred) or nurse who has confirmed the diagnosis of sickle cell disease (Hgb SS, SC, S/Beta Thal, etc.) for the applicant.

I certify that the person named on this scholarship application is known to me and has been diagnosed with sickle cell disease.

Name of Patient: \_\_\_\_\_

Type of SCD:  Sickle Cell Anemia  Sickle Cell C Disease  Sickle Beta Thalassemia  Other \_\_\_\_\_

Hemoglobin Pattern: \_\_\_\_\_ Hgb Level \_\_\_\_\_ gm/dl   check if level is post transfusion

Length of time patient has been under your care: \_\_\_\_\_ years \_\_\_\_\_ months

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Medical Center: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM BACK TO APPLICANT FOR SUBMISSION**

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**LETTER OF RECOMMENDATION FORM**

Name of Applicant: \_\_\_\_\_

**To the Applicant:** Give a copy of this recommendation form to two (2) school officials (teacher, counselor and/or administrator from your school and one (1) to a non-related person (preferably a physician, social worker or other professional/paraprofessional who would best provide the information requested. Please sign below.

I waive my right to view the contents of this recommendation.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Recommender:** The Sickle Cell Disease Foundation of California awards college scholarships to individuals with sickle cell disease who are prepared to pursue a college education despite personal adversity and modest financial circumstances. Our evaluation of the applicant named above would be greatly assisted by your letter of recommendation.

On a separate piece of paper please provide details, as you are aware of them, regarding the applicant's circumstances, proven ability to overcome personal, family and financial obstacles and his/her qualifications for consideration of this scholarship program.

**Specifications for Preparing Your Recommendation:**

1. Please type and sign letter of recommendation on school or organization/agency stationary.
2. Please include your recommendation and this form in school or organization/agency envelope, seal the envelope and sign your name across the seal.
3. Please print the name of the student and the name of the school, organization or agency on the front of the envelope.
4. The sealed envelope should be given to the applicant to be returned with other documentation to the Sickle Cell Disease Foundation of California.

Thank you for your support of this student and the generosity of your time to ensure that this applicant receives full consideration in the review process. Information about the Scott Zuniga Memorial Scholarship Fund administered by the Sickle Cell Disease Foundation of California is available at [www.scdfc.org](http://www.scdfc.org).

**Recommender Information:**

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

School/Organization/Agency Name: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_