



BRAYLYNSTRONG CHILDHOOD CANCER AWARENESS SCHOLARSHIP FUND GUIDELINES & APPLICATION 2023-2024 Academic Year

Applications must be emailed/postmarked by March 15, 2023

The Inspirational Story from the Family of Braylyn Strong

Braylyn Johnson was Diagnosed with High Grade Osteosarcoma of his right femur one day before his 14th Birthday in May 2021. Our lives, especially Braylyn's, changed forever in a blink of an eye. Braylyn went from a busy adventurous teenage boy who loved the outdoors and loved being on the basketball court and baseball field with his fellow teammates and friends, to a teenage boy that spent most of his time away from home confined to a hospital bed hooked up to multiple IV's and receiving medication around the clock. During Bray's Journey he received 32 rounds of Chemotherapy, 34 units of blood products, and underwent a 13-hour surgery to remove the cancer and a major portion of his right femur.

Bray is currently a Sophomore at Eastern High School, and as of February 2023, Bray is one year Cancer Free! Our family was moved to give back to create the BraylynStrong Childhood Cancer Awareness Scholarship Fund, giving back to the community that graciously gave to us during the hardest times of our lives.



The BraylynStrong Childhood Cancer Awareness Scholarship Fund provides support for educational scholarships to students who are accepted into and attend accredited programs providing training and certification in various trades and fields of vocational interest, associate degree programs and four-year institutions of higher learning.

Eligibility Criteria: All Scholarship awards must be used for tuition and related expenses at the recipient's educational institution. Scholarships will be awarded from the Fund to students meeting the following criteria:

1. Must be a graduating senior of Eastern High School, Southern High School, or Meigs High School; and
2. Must be pursuing vocational programs, an associate degree programs, or programs at four-year institutions of higher learning; and
3. Young adult cancer patients; such as fighters or survivors; or
4. Young adults whose parents, siblings, grandparents, aunts, or uncles are cancer patients; such as fighters, survivors, or those taken; or
5. Parents and/or guardians of children who are cancer patients; such as fighters or survivors, or those taken.
6. While priority will be given to individuals who have been diagnosed with cancer, consideration will be given for close friends of young adult cancer patients; such as fighters, survivors, or those taken. Must have supportive letter from family of cancer patient.
7. Supply a minimum of 200-word essay how cancer affected you and who it involved.

In the event the above criteria are too restrictive (because no student acceptable to FAO meets the criteria, or for other reasons), the purpose of the Fund shall include the support of educational scholarships for deserving students whose major is in the medical field or for students who most closely fit the criteria.

Directions:

- 1): **Complete and sign the attached application.**
- 2): **Applicant Appraisals/Nominations** – Two appraisal/nomination forms are attached. You are encouraged to select a school counselor or teacher/professor; if this is not applicable, you may select an employer, member of the clergy, job supervisor, or other person who is in a position to recommend you according to the given criteria. Detach and deliver the forms to your appraisers as soon as possible. **You are responsible for determining with the nominators how they prefer to submit the appraisals. You may collect and include them with your application, or nominators can email/mail them separately to the Foundation (see options below), if they prefer.**
- 3): **Transcript Information** – High school seniors and students who have completed less than one full semester of post-secondary education must include a high school transcript of classes and grades (official or unofficial).
- 4): **Complete a FAFSA** (Free Application for Federal Student Aid) and **attach** the EFC (Expected Family Contribution) page of the *Student Aid Report* (SAR) with this application. Only the page with EFC (Expected Family Contribution) should be attached. (www.fafsa.gov.)
- 5): **If any questions** are not applicable, please provide an explanatory note referring to the questions by section.
- 6): You are responsible for ensuring all supporting documents are submitted. **This application becomes valid only when the following have been received by the Foundation:**

- _____ Completed, signed application, including **Personal Statement**
- _____ Current, *Unofficial or Official* Transcript of grades
- _____ Two (2) Appraisals/Nominations and, **if applicable**, one (1) Appraisal from Family of Cancer Patient and/or the fighter/survivor
- _____ EFC page from the FAFSA Student Aid Report

Please submit application and supplemental information through either of the following methods:

- **Option 1:** Please scan application, transcript, EFC Page, and nominations (unless nominators prefer to send separately) into one, single-sided PDF attachment, if possible, and **email to Scholarships@ffao.org**. Please write "**BRAYLYNSTRONG SCHOLARSHIP** and the **STUDENT'S NAME**" in subject line of the email. You do not need to mail originals. Email applications and nominations **must be received by March 15, 2023.**
- **Option 2:** Mail to **FAO, 35 Public Square, Nelsonville, OH 45764**. Applications sent by mail must be postmarked **no later than March 15, 2023.**

BraylynStrong Childhood Cancer Awareness Scholarship Fund



FOUNDATION FOR
APPALACHIAN OHIO
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APPLICANT INFORMATION

Name: First _____ Middle Initial _____ Last _____

Date of Birth: _____ **Gender:** _____ **Expected Family Contribution, EFC: \$** _____
* Attach EFC page from the Student Aid Report (SAR) of your FAFSA

Current Address: _____
Street _____ City _____ State _____ Zip _____

Permanent Address: _____
(If different) Street _____ City _____ State _____ Zip _____

Permanent Email: _____ (to contact you) **Phone:** () _____

FAMILY INFORMATION

Name of parent/guardian(s): _____

Permanent mailing address and telephone number of parent/guardian:

Street _____ City _____ State _____ Zip _____ Phone _____

Father's Name: _____ **Occupation:** _____

Highest level of education attained by father: _____

Mother's Name: _____ **Occupation:** _____

Highest level of education attained by mother: _____

Names and ages of siblings and any other school-aged dependents in the home:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

SCHOOL DATA

High School Attended: _____ Eastern HS _____ Meigs HS _____ Southern HS

POST-SECONDARY INSTITUTION(S) FOR WHICH APPLICANT'S SCHOLARSHIP IS REQUESTED

Option One: _____ **Option Two:** _____

Name: _____ **Name:** _____

Address: _____
City State

Address: _____
City State

Major Field of Study You Plan to/are Pursuing: _____

Anticipated Graduation Date: _____

Annual Estimated Cost: Tuition: \$ _____ Room & Board: \$ _____ Books/Materials: \$ _____

Please Circle:

I will: Live on Campus Live off Campus Commute

I will be enrolled: Less than Half-Time Half-Time or More Full-Time

FINANCIAL AID

Please list all Awards and Amounts, including Grants, Scholarships and Student Loans already received for the upcoming academic year, indicating if awards are one-time or renewable:

_____	_____
_____	_____
_____	_____

Please list any pending scholarships, grants and loans you are seeking for the upcoming academic year:

_____	_____
_____	_____

PERSONAL STATEMENT

Please attach your typed response to the following question (*required*).

1. Supply a minimum of 200 words on how cancer has affected you and who it involved.

TRANSCRIPT & TEST SCORES INFORMATION

1. High school seniors and students who have completed less than one full semester of post-secondary education must include a **high school transcript of classes and grades**.
 - Applicant ranks _____ in a class of _____. Cumulative grade point average: _____ /4.0 scale

Test Scores: Due to the *uncertainty of test dates and availability of standardized tests this year*, many post-secondary schools are not requiring scores. Submitting your test scores is optional:

▪ ACT: STEM _____ English Language Arts _____ Composite Score: _____
(1-36 range)

▪ SAT: Math _____ Reading/Writing _____ Total Score: _____
(400-1600 scale)

2. **Students currently enrolled in college, community or vocational/technical school** must include recent college or vocational/technical school transcripts of grades.

Certification: In submitting this application, I certify the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted. My completed application includes: original, signed application, including *Personal Statement*; current transcript of student grades; two (2) Applicant Appraisals in **sealed envelopes**; and my EFC page of my Student Aid Report from FAFSA.

Applicant's Signature: _____ **Date:** _____



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ALL APPLICATIONS MUST BE COMPLETED AND RETURNED TO THE FOUNDATION FOR
APPALACHIAN OHIO BY MARCH 15, 2023

EMAIL ALL DOCUMENTS COMBINED INTO ONE SINGLE-SIDED PDF ATTACHMENT TO

SCHOLARSHIPS@FFAO.ORG

OR BY MAIL TO FAO, 35 PUBLIC SQUARE, NELSONVILLE, OH 45764.

This form is to be completed by a high school or college counselor, advisor, clergy person, instructor, employer, job supervisor, etc.



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Instructions to the Nominator: You have been asked to provide information in support of the above student's scholarship application. The due date is **March 15, 2023**. Please give immediate and serious attention to the following questions and provide your thoughts and comments to the students specific and unique qualifications. When complete, please return to applicant in advance of the due date, or email it to Scholarships@ffao.org by due date (**include "BRAYLYN STRONG SCHOLARSHIP and STUDENT NAME" in the email subject line**). This nomination is not an indicator of student perfection, but rather an indicator of scholarly endeavor and passion for post-secondary pursuits. Your thoughtful insights can greatly impact a student's application.

1. What qualities does this student have that make him/her worthy of consideration for a scholarship award? Why do you recommend him/her for this scholarship award?
2. Please identify how long you have known the applicant, and the circumstances and experiences that are the basis for this nomination. Please also note any pertinent information you feel would be helpful to the selection process.

Appraiser's Signature

Date _____

Title

Phone

This form is to be completed by a high school or college counselor, advisor, clergy person, instructor, employer, job supervisor, etc.



Student: _____

1. What qualities does this student have that make him/her worthy of consideration for a scholarship award? Why do you recommend him/her for this scholarship award?
2. Please identify how long you have known the applicant, and the circumstances and experiences that are the basis for this nomination. Please also note any pertinent information you feel would be helpful to the selection process.

Appraiser's Signature _____

Date _____

Title _____

Phone



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