

Joey O'Brien Foundation
2024 Youth Scholarship Program
For Young People Who Are Cancer Patients/Survivors
Burlington High School and Catholic Central High School

Awards

A limited number of scholarships will be awarded this year for students enrolled in a college/university or technical/vocational school. The awards will be paid directly to the institution. Awards will supplement the Fall of 2024 semester tuition costs.

Eligibility Guidelines

You are eligible to apply for a Joey O'Brien Foundation scholarship if you:

Were diagnosed with cancer before graduating High School OR have an immediate family member (i.e., mother, father, sister, or brother) diagnosed with cancer

Are under the age of 20 at the time of application,

Are a legal resident of Wisconsin,

Have been accepted to attend an accredited two to four year college/university or vocational/technical school, and

Have completed the scholarship application process.

Application Process

The Joey O'Brien Foundation will select scholarship recipients on the basis of their commitment to academic or vocational goals, leadership, and community service.

1. Complete the application form, including physician verification form. ALL sections of the application must be completed to ensure appropriate rating.
2. Enclose one letter of recommendation from a school, business, or medical professional.
3. Complete the essay (see application form).

Mail to:

Joey O'Brien Foundation
Attn: Youth Scholarship Program
30300 Lake Hills Drive
Burlington, WI 53105
(262) 763-6881 or (262) 492-0759

Deadline for all applications is May 1, 2024

For more information please contact:

Kevin O'Brien
(262) 492-0759 or (262) 763-6881
golfkmobrien@yahoo.com

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Application Form

Applicant's name: _____

Birth date: (mm/dd/yyyy) _____ Age: _____

Address: _____
Street City State Zip County

Email: _____ Phone Number: (____) _____

Type of cancer diagnosed/site: _____

Date of Diagnosis: (mm/dd/yyyy) _____

How many years have you been a WI/IA/MN/SD resident? _____

High School: _____ Graduation Date: _____

Name of institution you plan to attend (university, college, technical, or vocation school):

Address of Institution you plan to attend:

Street City State Zip

Intended major or area of study: _____

Date of enrollment (or anticipated enrollment) in institution (mm/dd/yyyy): _____

Yearly tuition costs: _____

Anticipated scholarships: _____

For the following, please attach additional pages if necessary. Applicant's name must be on every page.

- Community involvement (clubs, volunteer work, etc.)
- School involvement and activities (clubs, sports, volunteer work, leadership roles)
- Anything else you would like us to know about you

Essay:

How has cancer impacted your life, and what would you like to accomplish over the next 10-15 years?

Signature:

The information in this application is accurate to the best of my knowledge. I understand that the Joey O'Brien Foundation may use my photo and portions of my essay for promotional material.

Signature of Applicant: _____

Date: _____

The application deadline is May 1, 2024. All requested information must be completed and all supporting documents must be mailed to the address below no later than May 1, 2024 or the application will be disqualified.

Enclosure Checklist:

- ✓ Completed application form
- ✓ Physician verification form
- ✓ Letter of recommendation (i.e., reference from work, physician, or school)
- ✓ Recent individual photograph (no photocopies please)
- ✓ Essay

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Physician Verification Form

Applicant's Name: _____

Name of immediate family member diagnosed with cancer (if applicable): _____

Age at time of cancer diagnosis: _____

Date of diagnosis (mm/dd/yyyy) _____

Type of cancer diagnosed/site: _____

Length of treatment (include any recurrences): _____

Physician Verification Statement

Name of Physician (please print): _____

Address: _____
Street City State Zip County

Phone: (____) _____

Physician's Signature: _____