

**Joyce Hovest Cancer Survivor  
Scholarship Fund Application**

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Social Security # \_\_\_\_\_ Age \_\_\_\_\_
3. High School \_\_\_\_\_
4. Year of Graduation \_\_\_\_\_
5. Are you registered and accepted as a full-time student in an accredited college or university? \_\_\_\_\_  
Please name the college if you answered yes above \_\_\_\_\_
6. Type of Cancer \_\_\_\_\_  
Date Diagnosed \_\_\_\_\_ Physician \_\_\_\_\_
7. Parents Name \_\_\_\_\_ Phone \_\_\_\_\_  
Parents Address \_\_\_\_\_  
\_\_\_\_\_

**Eligibility Qualifications**

1. Graduating Senior from one of the Putnam County High Schools
2. Personally survived some form of Cancer
3. Must be registered and accepted as a full-time student

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

**Due Date: May 1**

**Application should be mailed to or delivered to the superintendent's office at the Kalida Local Schools.**

**Superintendent's Office  
Kalida Local Schools  
P.O. Box 269  
Kalida, OH 45853**