



The Boston University Metropolitan College Scholarship for Cancer Patients & Survivors Application

SCHOLARSHIP ELIGIBILITY

To be eligible for this scholarship, applicant must:

- Be a patient receiving treatment from a designated healthcare provider; off-treatment patients must be receiving follow-up care, with their most recent visit being within 18 months of the application deadline (note from physician or nurse practitioner required)
- Have a high school diploma or GED
- Show evidence of financial need by filing a Free Application for Federal Student Aid (FAFSA), available at bu.edu/finaid
- Be a United States citizen or permanent resident

PERSONAL DATA

Name of Applicant: _____

Boston University Student ID (if any): _____

Are you a United States citizen or permanent resident? ☐ Yes ☐ No

Local Address: _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

(Please circle preferred contact number)

E-mail Address: _____ @ _____

Have you ever taken classes at Boston University? ☐ Yes ☐ No

Have you started the application process for an undergraduate degree program at Metropolitan College? ☐ Yes ☐ No

Have you been accepted? ☐ Yes ☐ No

Have you completed the FAFSA? ☐ Yes ☐ No

Do you or will you receive funding from an outside source toward your education? ☐ Yes ☐ No

(If yes, please explain on the back of this application.)

How did you learn about this scholarship opportunity? _____



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ESSAY QUESTIONS

Please answer the required essay questions on white paper, typed and double-spaced. Please submit the required essay with the attached application.

In a 300-word essay, please:

- Highlight personal activities and achievements using examples from family, work, community, or school
- Discuss your future goals, and how the scholarship will help you attain these goals

COMPLETE APPLICATION PACKAGE

To apply for this scholarship, please submit the following:

- Proof of high school graduation or GED
- This application form with required essay questions attached
- A completed Free Application for Federal Student Aid (FAFSA), available at bu.edu/finaid
- Letter of advocacy from attending physician or nurse practitioner verifying that the applicant is receiving follow-up care, including date of most recent visit, and is physically capable of starting an academic program

Signature: _____ Date: _____

Only complete applications will be considered. Please mail or fax to:

Boston University Metropolitan College
Student Services
1010 Commonwealth Avenue, 1st Floor
Boston, MA 02215
Fax: 617-353-4494

Questions? Please call 617-353-2980 or e-mail metoss@bu.edu.

Scholarship applications are reviewed each semester by a Metropolitan College scholarship committee. Interested parties may apply each term, and there is no limit to the number of times an applicant may apply. There is, however, no guarantee of receiving an award.