



Sarah Whitmer  
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Subject: \$1000 Scholarship – South Brunswick High School

In honor of my survivorship from breast cancer, I would like to offer a \$1000 scholarship to a 2023 graduate of South Brunswick High School.

This scholarship is not based on GPA but solely on the essay.

In addition to the scholarship application the following is required to be submitted:

- An essay on “***How my perception of cancer and life in general changed after seeing someone go through cancer***”
- A list of any activities, fundraisers you have participated in the past that raised money and/or awareness for cancer research or any organizations that you donated time, money or resources to that help provide comfort and support to those going through cancer treatment.
- A copy of College Acceptance Letter must be attached to this application.

Completed applications are due by Monday, May 8th and should be mailed to Sarah Whitmer, 105 SE 57<sup>th</sup> St., Oak Island, NC 28465 or email completed application and essay to [sarahewhitmer@gmail.com](mailto:sarahewhitmer@gmail.com).

Sincerely,

*Sarah*

Sarah E. Whitmer



# 2023 SARAH E. WHITMER SCHOLARSHIP APPLICATION

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

PARENT NAME(s) \_\_\_\_\_

PARENTS' ADDRESS (If different from above) \_\_\_\_\_

GIVE A BRIEF STATEMENT OF THE FINANCIAL CONTRIBUTION YOUR FAMILY WILL BE ABLE TO PROVIDE:

\_\_\_\_\_

LIST OTHER SCHOLARSHIP ASSISTANCE YOU EXPECT TO RECEIVE: \_\_\_\_\_

\_\_\_\_\_

EXPECTED COURSE OF STUDY \_\_\_\_\_

GIVE A BRIEF SUMMATION OF YOUR EDUCATIONAL DESIRE \_\_\_\_\_

\_\_\_\_\_

**The following must be included with this application**

- ✓ An essay on " *How my perception of cancer and life in general changed after seeing someone go through cancer*"
- ✓ A list of any activities, fundraisers you have participated in the past that raised money and/or awareness for cancer research or any organizations that you donated time, money or resources to that help provide comfort and support to those going through cancer treatment.
- ✓ A copy of College Acceptance Letter must be attached to this application.

I understand the information provided in this application is of a personal nature and is provided willingly for the sole purpose of assisting the scholarship committee in selecting a candidate. The committee will maintain this information as personal and confidential but may contact persons, organizations, or agencies to verify any or all information submitted by me.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_