



**CHET College Scholarship Application**  
*we Care, we Help, we Excel Together*

Chet Smith is the inspiration for the CHET, *we Care, we Help, we Excel Together*, Scholarship. Chet was a remarkable man with incredible character. Chet firmly believed in being the best you can and in celebrating life. Chet strived to succeed in his educational and professional endeavors and his athletic accomplishments while cherishing time spent with his wife and two daughters. Above all else, he valued family, education and helping others.

At the age of 41, Chet passed away quickly to lung cancer despite being a non-smoker. CHET scholarships are awarded in his memory. May his pursuit and love of learning continue in the next generation through this help for others whose lives have been affected by cancer.

The CHET Scholarship Fund is a program within CancerCare of Connecticut. CancerCare of Connecticut provides free professional support services to anyone affected by cancer: people with cancer, caregivers, children, loved ones and the bereaved.

**Mission:** The CHET Scholarship Program at CancerCare of Connecticut helps Connecticut residents who have lost a parent or sibling to cancer to pursue their secondary education goals through scholarship grants.

**Instructions:** Mail completed application and required supporting documentation to:

Lisa Cannella  
Regional Director  
CancerCare of Connecticut  
535 Connecticut Avenue STE 104  
Norwalk, CT 06854

Applications must be received by 5:00 p.m. May 1, 2009  
Incomplete applications will not be accepted

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**Eligibility:**

1. Be a current Connecticut resident
2. Have lost a family member (either a parent or sibling) to cancer
3. Be attending or planning to attend an accredited post high school institution of higher learning. (Grants are not given for study beyond the Bachelor's degree level)

**Checklist of Required Items:**

Data and School Information

- Completed application form signed by applicant and parent/guardian
- Most recent transcript
- Documentation for family member who has passed away

Financial Information

- Completed and signed CancerCare Financial Application
- Copy of Student Aid Report (SAR) with the Expected Family Contribution
- Copy of semester charges (school bill)

Recommended Items

- Copy of College Essays
- Letters of Recommendation (can be copies completed for schools)

Name \_\_\_\_\_

2009 Application

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**MM/ DD / YYYY**

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

School currently attending Name \_\_\_\_\_ City \_\_\_\_\_

Currently a High school senior (circle one) Yes No

High School (expected) graduation date \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

List brothers, sisters or other relatives who are financially dependent upon your parents or you:

Name	Birth Date	Occupation
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family member lost to cancer and date: \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

\_\_\_\_\_

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**EDUCATION**

High School: \_\_\_\_\_ City: \_\_\_\_\_ Date of Grad: \_\_\_\_\_ GPA\*: \_\_\_\_\_

If not yet attending college, list the college/institutions to which you have applied or plan to apply, in order of preference:

School	City, State	Status (accepted, decision pending, etc.)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If already attending a post-secondary institution, please provide the following:

School	City, State	Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Status in Fall 2009 (circle one): Freshman    Sophomore    Junior    Senior

College credits completed by end of Spring semester 2009: \_\_\_\_\_ GPA\*: \_\_\_\_\_

Your Major/Minor if you have chosen them: Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Are you a full time student? (circle one)    Yes    No

Do you commute to campus or reside on campus (circle one) Commute    Reside on Campus

If you commute do you live at home? (circle one)    Yes    No

\*Please note: copy of school transcripts are required

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Complete the answers below, on the computer, or with the use of additional paper.

**Please share your thoughts on why you should receive this scholarship.**

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**What is your favorite academic course? Why?** \_\_\_\_\_

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**Describe your extracurricular activities, community involvement, and/or work experience during the school year.**

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**What are your educational and career goals?** \_\_\_\_\_

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**WORK EXPERIENCE**

Are you currently working? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, where? \_\_\_\_\_

How many hours per week? \_\_\_\_\_

Are you currently looking for work? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you work during the semester? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES how many hours per week? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you work on semester break? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, how many HOURS per week \_\_\_\_\_ Where: \_\_\_\_\_

**FINANCIAL INFORMATION**

Your adjusted gross income from the last calendar year (2007): \$ \_\_\_\_\_

Your parents' adjusted gross income from the last calendar year (2007): \$ \_\_\_\_\_

Do you own a car? \_\_\_\_\_

Father's Employer/Occupation: \_\_\_\_\_

Mother's Employer/Occupation: \_\_\_\_\_

**COLLEGE FINANCIAL AID INFORMATION**

College Financial Aid Officer \_\_\_\_\_

Financial Aid Office Phone # \_\_\_\_\_

College Name \_\_\_\_\_

Address for Grant Check \_\_\_\_\_

School City, State, Zip \_\_\_\_\_

I authorize the Registrar's Office and the Financial Aid Office to release records to CancerCare as necessary to process my scholarship.

YES \_\_\_\_\_ NO \_\_\_\_\_ Signature \_\_\_\_\_

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**BUDGET WORKSHEET: NEEDS AND RESOURCES**

**Anticipated educational expenses for the coming year:**

Tuition: \_\_\_\_\_  
Room: \_\_\_\_\_  
Meals: \_\_\_\_\_  
Books & Supplies \_\_\_\_\_  
Travel: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_  
(A)

**Anticipated resources for the coming year from:**

Loans:

Federal Stafford Loan \_\_\_\_\_  
Parents Plus Loan \_\_\_\_\_  
Perkins Loan: \_\_\_\_\_

Grants:

SEOG \_\_\_\_\_  
Federal Pell Grant \_\_\_\_\_  
Federal Educational \_\_\_\_\_  
Grant from School \_\_\_\_\_  
CT Aid to Public Schools \_\_\_\_\_

Parents: \_\_\_\_\_  
Other Relatives: \_\_\_\_\_  
Self: \_\_\_\_\_  
Other: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_  
(B)

Difference needed to continue your education: \_\_\_\_\_  
(A-B)

What is the amount of your outstanding college debt at this time? \_\_\_\_\_

Have you applied for work study at the school you plan to attend? \_\_\_\_\_

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My/our signature(s) indicate(s) that the information provided is accurate.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_