

The Doris K Wells Scholarship

Empowered By Pink, Inc. is proud to announce The Doris K. Wells Scholarship. The purpose of this scholarship is to provide financial assistance in the amount of \$500.00 to two graduating seniors from the Metro Atlanta Area School System whose life has been affected by a Cancer Diagnosis and who will attend a Historically Black College and University (HBCU) in the fall of 2017.

Qualifications:

To be eligible, students must meet the following criteria:

- Must be a resident of the State Georgia
- Must have a cumulative GPA of 3.5 or higher. An official sealed transcript at the time of application is required.
- Student must submit proof that they have accepted and will be attending an HBCU in the fall of 2017 (candidate will have to submit the acceptance letter before receiving scholarship monies).
- Must submit two sealed letters of recommendation from individuals that are familiar with the academic achievements, work performance and community service of the applicant (family members are excluded).
- Must submit a typed personal essay of 700 words or less on the topic of: Life Beyond the Diagnosis: How a diagnosis of cancer has affected my life or the life of someone close to me.

To apply, students should submit all requested documentation by December 31, 2016 to:

Empowered By Pink, Inc.
Attn: Scholarship Committee
P.O. Box 1851
Conyers, GA 30012

Award recipients will be notified by February 28, 2017 by the Scholarship Committee. All awards will be presented in March at the annual Doris K Wells Scholarship Tea. Please submit questions to pinkpower@bellsouth.net





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STUDENT INFORMATION		
Name (First, M. I., Last):		Gender:
Address:		
City:	State:	Zip / Post Code:
Email Address:		Date of Birth (M/D/Y):
Primary Contact Number:		Type:

HIGH SCHOOL INFORMATION		
High School:		
Address:		
City:	State:	Zip / Post Code:
Graduation Date:		Cumulative GPA <i>(must submit an official sealed transcript)</i> :

PARENTAL/GUARDIAN INFORMATION		
Name(s):		
Email:		Contact Number:
Address <i>(if different than above):</i>		
City:	State:	Zip / Post Code:
Did your parent/guardian(s) attend a HBCU?	If yes, provide the name of the HBCU:	

INTENDED COLLEGE/UNIVERSITY INFORMATION
HBCU student will attend in the Fall:



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ESSAY

Essay (maximum 700 words) Life Beyond the Diagnosis: How a diagnosis of cancer has affected my life or the life of someone close to me.

I have provided truthful and complete information in this application and understand the requirements of this scholarship.

Signature - Prospective Scholarship Recipient

Date