

Sickle Cell Association of the National Capital Area, Inc.
(SCANCA, INC.)



Education Towards The Management of Sickle Cell

**2017 Scholarship Application
Five Hundred Dollar (\$500.00) Scholarship
DEADLINE: JUNE 30, 2017**

Type or Print Applicant's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Telephone # () _____ Email Address _____

School or College Attending: _____

Address of School _____

City/State/ Zip Code _____ Telephone # _____

Course of Study (current students): _____

Number of Years completed _____

(previous recipients may reapply – SCANCA, INC. Board decisions are final)

Attach the following:

1. Letter from doctor/nurse or social worker verifying Sickle Cell Disease;
2. Graduating High School Senior or College /Technical Student letter of acceptance from a prospective post high school;
3. Copy of transcript with GPA of 2.5 or more;
4. Two (2) letters of recommendation (one from community and one from school official);
5. An essay (minimum of 500 words) describing your goals and aspirations with applicant's signature and a recent photo. (All photos are subject to publication in SCANCA, INC. newsletter.)

Applicant must be a resident of the Washington, D.C. Metropolitan Area (Md., DC., VA.)

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CFC #57433