



# The Ryan L. Mahoney Memorial Fund

The **Ryan L. Mahoney Memorial Fund** was established to assist young adults who have overcome a significant illness, physical injury, disability or other significant change in their life, and are seeking higher education. One of Ryan's dreams was to be able to help other young adults with cancer to have the opportunity to go to college. As a result, the Ryan L. Mahoney Scholarship Fund was brought to life. Before Ryan lost his battle with osteosarcoma in December of 2008, he had the chance to help organize the fund. Now with the help of his family and close friends, this dream of Ryan's is able to come true. This is just one of the ways that Ryan lives on today, sharing the life he lived and loved with all of us.

The **Ryan L. Mahoney Memorial Fund Scholarship** is available to applicants meeting the following eligibility requirements:

- Be a young adult cancer that has overcome a significant illness, physical injury, disability or other significant change in their life.
- Must be a resident of Pennsylvania or Maryland
- Must be degree-seeking at a 2 or 4 year College, University or Vocational Program (including graduate and professional schools)
- Demonstrate financial need

#### **Required Documentation:**

- Completed and signed application
- 1 page introduction essay - write a one page introduction that provides information about who you are
- 2 page essay - write a short essay no more than two pages that describes your academic and professional goals and why you have chosen to pursue those goals. Also, include how this scholarship will help you obtain those goals.
- A list of your participation in school or community projects or organizations.
- Documentation of financial need (ex. a copy of the official Financial Aid statement showing the amount of family contribution required by you.)
- **Do not send letters of recommendation or transcripts**

#### **Mail the above documents to:**

**Ryan L. Mahoney Memorial Scholarship Fund  
PO Box 277  
Three Springs, PA 17264**

**Applications and required documentation must be received by April 15, 2010.** If you'd like notification that your application has been received, please include a self-addressed, stamped envelope with your packet. No late applications will be accepted.

**SECTION A. PERSONAL INFORMATION**

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FIRST NAME:

MIDDLE INITIAL:

LAST NAME:

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PERMANENT ADDRESS:

CITY:

STATE:

ZIP CODE:

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HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

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GENDER:  Male  Female

DATE OF BIRTH (mm/dd/yyyy):

AGE:

MARTIAL STATUS:  Single

Married

Divorced/Separated

NUMBER OF DEPENDENTS:

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How did you first hear about the Ryan L. Mahoney Memorial Fund?

<input type="checkbox"/> Internet Search	<input type="checkbox"/> Oncologist/Doctor
<input type="checkbox"/> American Cancer Society	<input type="checkbox"/> Social Worker/Counselor
<input type="checkbox"/> Patient Advocate Foundation	<input type="checkbox"/> Family/Friend
<input type="checkbox"/> Nurse	<input type="checkbox"/> Printed Material (e.g., Library)
<input type="checkbox"/> Spring Creek Farm Gen. Store	<input type="checkbox"/> Other _____

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## SECTION B. PERSONAL ACCOMPLISHMENTS

*Please avoid using acronyms or abbreviations whenever possible.*

**Work Experience:** *Please list any relevant work experience, beginning with most recent employment.*

Name of Employer	Position Held	Start date	End date
Example: <i>East-West Wellness Center</i>	<i>Office Assistant</i>	<i>5/09</i>	<i>present</i>
<b>Brief description of responsibilities:</b> <i>Index and prepare medical documents, perform data retrieval, and maintain files for patients</i>			
<b>Brief description of responsibilities:</b>			
<b>Brief description of responsibilities:</b>			

**Awards or Honors:** *Please list any awards, honors or special recognition you have received.*

Title of Award	Year
Example: <i>Arlington High School - Scholar Athlete of the Year</i>	<i>2008</i>

**Organizational Membership:** *Please list organizational memberships and offices. These may include community organizations, teams, clubs, fraternities, sororities, honor societies, etc.*

Name of Organization	Start date	End date
Example: <i>National Honors Society</i>	<i>9/06</i>	<i>5/09</i>

## SECTION B. PERSONAL ACCOMPLISHMENTS

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*Please avoid using acronyms or abbreviations whenever possible.*

**Volunteer Work/Community Activities:** *Describe your volunteer work and/or community activities.*

Name of Organization	Description of responsibility	Start date	End date
Example: <i>Relay for Life</i>	<i>Team Captain: Organized a team of 25 members including family and friends. Raised nearly \$3,500</i>	<i>3/08</i>	<i>6/09</i>

**Extra-Curricular Activities:** *Dates may not always be applicable with extra-curricular activities.*

Activity	Start date	End date
Example: <i>Summer counselor, Camp Sea Side</i>	<i>2004</i>	<i>2008</i>

## SECTION C. EDUCATIONAL and CAREER GOALS

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What is the most recent grade level you've completed (include 2009):

<input type="checkbox"/>	High School Senior	<input type="checkbox"/>	Other
<input type="checkbox"/>	Undergrad Freshman	<input type="checkbox"/>	Undergrad Sophomore
<input type="checkbox"/>	Undergrad Junior	<input type="checkbox"/>	Undergrad Senior

Type of school:

<input type="checkbox"/>	4 Year College	<input type="checkbox"/>	2 Year College
<input type="checkbox"/>	Grad School	<input type="checkbox"/>	Vocation/Tech. School
<input type="checkbox"/>	Online	<input type="checkbox"/>	Other

Enrollment:

<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time
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If part-time, how many classes are you enrolled in?

What is your intended major or field of study?

Please describe your career goals and how your intended course of study will help achieve these goals. If you are uncertain about your career goals, please describe potential areas of interest and how your pursuit of higher education will help you grow as an individual and inform your decision-making on a future career.

A significant illness, physical injury, disability or other significant change can impact all parts of a person's life, not just their physical health. Please describe how your illness, injury, disability or

**major change has positively or negatively affected your pursuit of a higher education.**

## **SECTION D. ESSAYS**

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**Introduction Essay** - In your introduction essay, we would like for you to tell us a little bit about yourself. Who you are, where you're from, etc. We would like to get to know you. This essay should be a minimum of one page, but no longer than two.

**Goals Essay** - Write a short essay no more than two pages that describes your academic and professional goals and why you have chosen to pursue those goals. Also, include how this scholarship will help you obtain those goals.

**Please type your essays and attach them as separate documents to your application. Your Introduction Essay should be between 1 and 2 pages and your Goals Essay should be no more than 2 pages long.**

## SECTION E. FINANCIAL PROFILE

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Which higher institution will you be attending in the fall of 2010?

Name of school	Annual Tuition

Please list all FINANCIAL ASSISTANCE you will be receiving for your upcoming school year:

Financial aid package from school /Loans	Amount

SCHOLARSHIP programs, awards, grants from other ORGANIZATIONS:

Name of Organization	Amount	Name of Organization	Amount

Will your parent(s) be making a financial contribution to your education?  YES  NO

If YES, please estimate amount:

Do you reside with your parent(s)/guardian?  YES  NO If NO, skip to next page.

1. Total number of people in your household, including yourself:
2. Number of household members currently enrolled in college, including yourself:
3. Ages of your siblings, if any:

## **DISCLOSURE STATEMENT:**

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I hereby give consent to use the information on this form in consideration for the Ryan L. Mahoney Memorial Fund Scholarship and for nothing above and beyond that purpose. Also, I attest that all of the information on this form is accurate to the best of my knowledge. I understand that this application will become the property of the Ryan L. Mahoney Memorial Fund and that all financial information will remain confidential.

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*Parent or guardian must sign if financial information is included.*

# FINAL CHECKLIST

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Take a moment and review the following list. Have you completed and enclosed all the necessary pieces?

- Completed all sections of the application
- Included 1 page introduction essay
- Included 2 page essay
- Signed and dated the Disclosure Statement
- Documentation of financial need (ex. a copy of the official Financial Aid statement showing the amount of family contribution required by you.)

**REMEMBER:** *Incomplete applications will not be considered.*

**Scholarship applications must be received by April 15, 2010.** Faxed or e-mail packets will not be accepted. All scholarship materials must be submitted in one application packet.

## MAIL YOUR APPLICATION PACKET TO:

**Ryan L. Mahoney Memorial Fund  
PO Box 277  
Three Springs, PA 17264**