

## The Larry Dean Davis Scholarship (for Survivors of a Pediatric Brain or Spinal Cord Tumor)

This scholarship, in the amount of \$2,500, will be awarded to up to two (2) successful candidates annually. Candidates must be survivors of a pediatric brain or spinal cord tumor who are residents of the state of Georgia and who are entering or currently enrolled in an advanced educational program at a college, university, vocational school, or other setting and who demonstrate a need for financial assistance. Amount of award will be paid directly to the student's school if for tuition, or directly to the recipient to assist with living expenses, books, travel, etc.

Applications must be received by April 15th and will be reviewed and awarded by the Scholarship Award Committee of the Brain Tumor Foundation for Children. Completed application with two qualified recommendations must be forwarded to the Brain Tumor Foundation for Children, Inc., 1835 Savoy Drive, Suite 316, Atlanta, GA 30341.

*This scholarship is awarded in memory of Larry Dean Davis, a founding member of the Board of Directors of the Brain Tumor Foundation for Children who passed away March 15, 2002, following a valiant battle with cancer. Mr. Davis was a devoted husband, father, son, brother, uncle, and great friend to many. He was deeply committed to the Brain Tumor Foundation for Children and the children it serves.*

# The Larry Dean Davis Scholarship Application

Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and address of high school attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: While information regarding test scores and academic performance is requested, such information will not be the focus of the committee's decision. Consideration will be given to the overall application and most importantly the candidate's ability and desire to overcome the challenges presented with a brain tumor diagnosis as well as his or her need for financial assistance.**

Type of Diploma: Scholastic \_\_\_\_\_ Special Education \_\_\_\_\_ Other \_\_\_\_\_

If GED obtained, give date received: \_\_\_\_\_

GPA: \_\_\_\_\_ SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

Please list any honors/awards/special recognition received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about your brain or spinal cord tumor experience and treatment. Include dates and places where treatment was received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



---

---

---

---

---

---

---

---

---

---

Provide name and address of secondary school applicant will be attending and attach proof of acceptance:

---

---

---

Please provide a statement of financial need:

---

---

---

---

---

---

---

---

Please attach two teacher, educational advisor, or medical professional recommendations.

Would you be available for an interview in the Atlanta area at a convenient time, if requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail your completed application to:

Brain Tumor Foundation for Children, Inc.  
1835 Savoy Drive, Suite 316  
Atlanta, GA 30341