



Jenna Kast Believe in Miracles Scholarship Application 2023 – 2024 School Year

Personal Information

Name _____
Address _____
Date of Birth _____ Cell Number _____
Email _____

School Information

Current School:

Name: _____
Address: _____

School of Choice a scholarship will be used for:

Name: _____
Address: _____
Program of interest _____ School ID # _____
Registrar Contact Name _____ Phone: _____
Address: _____
Email: _____

Medical Information

Diagnosis _____
Date of Diagnosis _____ Age at Diagnosis _____
Treatment Center Name _____
Treatment Center Address _____
Primary Physician _____
Physician Phone Number _____

Essay

The selection committee would like to hear about your plans! We know your story started at your initial diagnosis. In 250-500 words tell us how this has impacted your life and the goals you are striving to achieve. Please type the essay.



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Authorization Page

I certify that all statements in this application are TRUE. I understand that this application will become the property of Jenna Kast Believe In Miracles. I understand ALL Medical information on this application will remain CONFIDENTIAL I agree that my essay may be reprinted in part or in full for the purposes of educating, supporting and helping other Believe in Miracles wish recipients. I understand that **if I receive the Jenna Kast Believe in Miracles Scholarship**, I will be required to submit a photo for use along with my essay for possible website and social media marketing. Other than my first name, photo and essay, no other personal information will be used for the purpose of marketing.

Higher Learning Verification:

I hereby authorize the registrar of my institution of higher learning to provide a representative of Jenna Kast Believe in Miracles Foundation with information regarding my enrollment status.

Medical Verification:

I hereby authorize the Oncology Team, listed on my application, to provide information regarding my date of diagnosis and age at time of diagnosis to a representative of The Jenna Kast Believe in Miracles Foundation.

SIGNATURE _____

DATE _____

PRINTED NAME _____

If you have any questions regarding the application or requirements email paula@believeinmiracles.org.

Mail completed application and essay to:

The Jenna Kast Believe in Miracles Foundation
1977 E. Wattles Rd, Unit E
Troy, MI 48085
or email paula@believeinmiracles.org