



Scholarship Application

For graduating high-school seniors who have lost a father or legal guardian to prostate cancer.

This one-time \$500 scholarship supports tuition or books at an accredited two- or four-year college or university. Applications are evaluated with compassion, considering educational commitment, community service, financial need, and overall circumstances. Applicants must have a cumulative GPA of 3.0 or higher.

1. Student Information

Full legal name

Email

Phone

Mailing address

High school

Expected graduation date

Current cumulative GPA (minimum 3.0)

☐ I am a graduating high-school senior.

☐ I plan to enroll in an accredited two- or four-year college or university for the first time.

2. College and Educational Plans

College/university you plan to attend (if known)

Intended major or program

Career goal

Briefly describe your educational goals and commitment to continuing your education.

3. Community Service and Financial Need

Describe one or two community-service, school, church, work, or caregiving activities.

Briefly explain how this scholarship would help with your educational expenses.



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4. Personal Statement

In approximately 250 words, share how the loss of your father or legal guardian has influenced your goals, values, or desire to continue your education. Share only what you feel comfortable disclosing.

5. Compassionate Eligibility Verification

We understand that discussing the loss of a loved one can be difficult. Please provide one document verifying that your father or legal guardian passed away from prostate cancer. Acceptable documentation may include an obituary, memorial program, funeral-home notice, or a brief letter from a school counselor, clergy member, social worker, healthcare professional, or another appropriate source. You may black out unrelated private information. A death certificate is not required when another reasonable form of verification is available. Information will be treated respectfully and confidentially and used only to determine scholarship eligibility.

☐ I have included one acceptable form of compassionate eligibility verification.

6. Supporting Documents

☐ Eligibility verification document

☐ High-school transcript

☐ College acceptance/enrollment document, if available

7. Certification and Signature

I certify that this application is truthful and complete. I authorize the Foundation to verify the information provided. If selected, I understand that the \$500 award will be paid directly to my school for tuition or books and must be returned if I do not enroll or withdraw before the funds are properly applied.

Student signature (type full name)

Date

Parent/guardian signature if applicant is under 18

Date

8. Submission

Submit the completed application and supporting documents by April 15 to:

TheLambertpcf@gmail.com

The Foundation may request clarification but will not require unnecessary medical or personal details.