



Purpose:

The Joe Hogan Memorial Scholarship established in 2011 is to assist local post-secondary students who have limited financial resources due to the impact of cancer on their immediate family. In 2012, the family changed the name to the Sherron Hogan Memorial Scholarship to honor their mother who died of cancer.

History:

The Joe Hogan Memorial Golf Tournament founded in 1997 is to honor the memory of Joe Hogan, who died of cancer. The family is committed to stressing the importance of a quality education despite difficult financial circumstances. In Joe & Sherron's memory, and in keeping with the family's priorities, the Sherron Hogan Memorial Scholarship Committee will award financial assistance to deserving young person(s) entering college, university, or other post-secondary education programs, who have experienced the impact of cancer in their immediate family. The scholarship funds are being provided primarily by the Joe Hogan Memorial Golf Tournament through the Windsor Cancer Centre Foundation. Though other community donors may support the fund.

Criteria:

The Sherron Hogan Memorial Scholarship Committee will provide an annual scholarship (minimum of \$5000) to be shared among successful applicants. The Scholarship Selection Committee will choose the successful applicants from all qualified applicants based upon the following primary criteria:

- The student must have **experienced the impact of cancer** either personally or within his/her immediate family.
- The student must be a **graduate/graduating from a secondary school within Windsor-Essex.**
- The student must be **accepted and registered** in a recognized post-secondary program.
- The student must have **limited financial resources.**

**APPLICATION DEADLINE:
April 30, 2020**

Send completed applications to:

**Sherron Hogan Memorial Scholarship Selection Committee
c/o Monica Bunde
2220 Kildare Rd., Windsor, ON N8W 2X3**



SHERRON HOGAN MEMORIAL SCHOLARSHIP APPLICATION

Surname	First Name & Initial	Male/Female	Date of Birth
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Street/Road Address	Apartment #
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City/Town	Province	Postal Code
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Home Phone	Cell Phone	E-Mail
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Current Secondary School	Name & Number of School Staff Reference
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Post-Secondary School Registration	Program/Course of Study	Tuition
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List each person living in your current household, by name, age, relationship and occupation.

Name	Age	Relationship	Occupation
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Application package MUST include the following documents:

- Reference letter from Principal, Teacher or Guidance Counsellor
- Letter of support from a non-relative (Social Worker, employer, pastor, neighbor, etc.)
- Letter stating the reasons for needing financial aid (Please include the amount of your household's combined income for the previous calendar year)
- Current academic transcript and Credit counselling summary sheet



List all awards/bursaries/scholarships that you have received or expect to receive in your first year of post-secondary education. Please include the potential value of each award:

Award	Received (Y/N)	Amount

Briefly describe your community involvement/volunteer activities beyond the 40 hours required for graduation.

(If necessary use the back of this page.)



Explain how the experience of cancer has impacted your life.
(If necessary, use the back of this page.)

CERTIFICATION

I hereby certify that the foregoing information provided by me in this application is true and correct.

Signature

Date