

**The Boston University  
Metropolitan College Dana-Farber Cancer Institute (MET/DFCI)  
Scholarship Application**

**SCHOLARSHIP ELIGIBILITY**

To be eligible for this scholarship, applicants must:

- Be a DFCI patient; off-treatment patients must be receiving their follow-up care at DFCI with their most recent visit being within 18 months of the application deadline (note from DFCI physician or nurse practitioner required)
- Have a high school diploma or GED
- Show evidence of financial need by filing a Free Application for Federal Student Aid (FAFSA), available at [bu.edu/finaid](http://bu.edu/finaid)
- Be a United States citizen or permanent resident

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**PERSONAL DATA**

Name of Applicant: \_\_\_\_\_

Boston University Student ID (if any): \_\_\_\_\_

Are you a United States citizen or permanent resident?  Yes  No

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

Telephone: Home (\_\_\_\_)\_\_\_\_\_ Work (\_\_\_\_)\_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_\_

(Please circle preferred contact number.)

E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Have you ever taken classes at Boston University?  Yes  No

Have you started the application process for an undergraduate degree program at Metropolitan College?  Yes  No

Have you been accepted?  Yes  No

Have you completed the FAFSA?  Yes  No

Do you or will you receive funding from an outside source toward your education?  Yes  No  
(If yes, please explain on the back of this application.)

How did you learn about this scholarship opportunity? \_\_\_\_\_

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**ESSAY QUESTIONS**

Please answer the required essay questions on white paper, typed and double-spaced. Please submit the required essay with the attached application.

In a 300-word essay, please:

- Highlight personal activities and achievements using examples from family, work, community, or school
- Discuss your future goals, and how the scholarship will help you attain these goals

**COMPLETE APPLICATION PACKAGE**

To apply for this scholarship, please submit the following:

- Proof of high school graduation or GED
- This application form with required essay questions attached
- A completed Free Application for Federal Student Aid (FAFSA), available at [bu.edu/finaid](http://bu.edu/finaid)
- Letter of advocacy from attending physician or nurse practitioner at DFCI verifying that the applicant is followed at DFCI, including date of most recent visit

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Only complete applications will be considered. Please mail or fax to:

**Boston University Metropolitan College  
Undergraduate Student Services  
755 Commonwealth Avenue, Room 102  
Boston, MA 02215  
Fax: 617-353-4190**

Questions? Please call 617-353-2980 or e-mail [metuss@bu.edu](mailto:metuss@bu.edu).

*Scholarship applications are reviewed each semester by a Metropolitan College scholarship committee. Interested parties may apply each term, and there is no limit to the number of times an applicant may apply. There is, however, no guarantee of receiving an award.*