

## Marcia K. Wilcox (MKW) Memorial Scholarship

In 1992 the Auxiliary to Driscoll Children's Hospital formed the **Marcia K. Wilcox Memorial Scholarship**. As a volunteer, Marcia served the patients, their families, and the staff with dedication for almost 23 years before her death in March of 1990. Scholarships are awarded annually to former and/or current oncology patients of Driscoll. Donations, along with the proceeds from Auxiliary stores, and from Project Artwork help to fund the scholarship. The scholarships only apply toward tuition, books, and mandatory fees.

Applicants (graduating seniors in high school) must satisfy the admission requirements of their chosen university, college, or vocational school. No restriction is made regarding field of study. Selection will be based on academic record, attitude, initiative, and financial need. The scholarship will be awarded for one school year to be distributed to the recipient's school finance department. The recipient must maintain a minimum 2.5 grade point average to receive payment for each succeeding semester's award within the scholarship year. The amount of each award will be a maximum of \$6000.00 per annum (\$2000.00 maximum per long semester and \$1000.00 maximum per summer session). Awardees must submit grades as soon as available at the end of each semester to the Auxiliary Scholarship Committee. A cover letter sharing details of that semester should accompany the transcript.

### Application Process:

1. Include a school transcript. Please secure this first so you will be assured you will have it to send in with the application.
2. Complete the official "Application for Scholarship". Submit or postmark by April 15<sup>th</sup>. Applications received after the deadline and/or incomplete will not be considered by the committee.
3. Include a letter of intent as described on the application form.
4. Include a current photo of yourself.
5. Send packet to:

Driscoll Children's Hospital  
Auxiliary Scholarship Committee  
3533 South Alameda  
Corpus Christi, Texas 78411  
or email – [volunteer@dchstx.org](mailto:volunteer@dchstx.org)

Maintain this address for future reference when sending in your transcript and cover letter each semester to the Scholarship Committee c/o Volunteer Services. If a phone or personal interview is necessary, applicants will be notified. Scholarships awarded are based on available funding per fiscal year.

If you are selected to receive a scholarship, recipients will be notified by phone, mail, or e-mail. Payment will be distributed to the recipient's school financial department. All recipients will receive a certificate.

**Marcia K Wilcox  
Memorial Scholarship Application**

<b>Personal Information</b>		
Name:		
Home Address:		
City:	State:	Zip:
Personal Phone:	Parent's Phone:	
E-mail address:		

<b>Family Information</b>		
Father's Occupation:		
Mother's Occupation:		
Siblings and ages:		

<b>Academic Information</b>		
Current GPA:	Major:	
Student ID# at college:		

<b>Extra-Curricular Activities/Hobbies</b>		

<b>High School Honors/Awards</b>		

Hobbies/Volunteer Activities

College, University or Vocational Institution Information		
College Name:		
Financial Officer:		
Address:		
City:	State:	Zip:

Estimated Expenses	
Tuition and Fees:	Housing:
Books:	Food:
Transportation:	
Total Estimated Expenses:	
Family Contribution:	
Are you receiving financial support other than parental assistance?	
If yes, what kind?	
If yes, how much do you receive per semester?	

Reference (School Counselor or Principal). Let your counselor or principal know that we may be contacting him/her.		
Name		
School	Phone:	
Address		
City:	State:	Zip:

Applicants must complete a letter of intent. This should be 200 words or less on how this scholarship would benefit you. Please attach your typed letter to the back of this application.

I hereby certify that the above information is correct and that I fully understand the requirements to maintain this scholarship award. If selected, I will present the Auxiliary Scholarship Committee with my grades at the end of each semester. If awarded this scholarship, I will allow my name and/or photograph to be used for publicity connected with Driscoll Children's Hospital.

Applicant Signature:

Parent's Co-signature, if under 18:

**Application Checklist**

- \_\_\_\_\_ 1. Submit a most recent school transcript with the scholarship application.
- \_\_\_\_\_ 2. Complete the official "Application for Scholarship."
- \_\_\_\_\_ 3. Include a letter of intent described above.
- \_\_\_\_\_ 4. Include a current photo of yourself.
- \_\_\_\_\_ 5. Turn this complete package in by April 15<sup>th</sup>.

For more information, contact the Volunteer Department at 361-694-5011 or email us at [volunteer@dchstx.org](mailto:volunteer@dchstx.org).

**Date:** \_\_\_\_\_