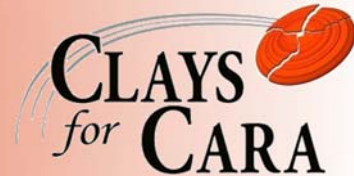


# Clays for Cara Scholarship Application



## Scholarship Recipient Information:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Applicant Information (if completing Application on behalf of the Scholarship Recipient)

Name: \_\_\_\_\_ Relationship to Recipient (ex: Spouse, Friend) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Who will be main point of contact for family: \_\_\_\_\_

Please provide our board with any information regarding the Scholarship Recipient (Diagnosis, current treatment plan, any travel required for treatment, as well as family information (number and age of children):

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Applicant Signature: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

## **Clays for Cara Mission Statement:**

**Our Mission at the Cara Ann Hobbs Foundation is to honor the memory of Cara Hobbs by continuing her legacy of kindness, love, and compassion for those directly affected by cancer or other life threatening illness as well as the ongoing support of the Cara Ann Hobbs Endowment at The University of Texas MD Anderson Cancer Center.**