

The 2025 Sherry S. Hintz Scholarship Fund

THE FUND

The Sherry S. Hintz Scholarship Fund was created by an anonymous donor in memory of the women of the Hintz family (especially the donor's sister, Sherry). The Fund provides a college scholarship award to a student who have lost a parent/primary guardian to breast or ovarian cancer. The Fund is administered through the Greater Washington Community Foundation in partnership with EveryMind.

AWARD AVAILABILITY

Awardee of the Sherry S. Hintz Scholarship Fund may receive up to \$20,000 per year for as many as four years of undergraduate education.

ELIGIBILITY

You are eligible to apply if you meet all of the following criteria:

- Have lost a parent or primary guardian to breast or ovarian cancer
- Are a resident of Montgomery County, Maryland
- Are a member of a family with demonstrated financial need
- Are a high school senior or are a high school junior graduating this year, or a high school graduate under 22 years old
- Have achieved at least a 3.0 GPA
- Are involved in a school, community, or athletic activity, ideally in a leadership position
- Wish to attend college

SELECTION CRITERIA

Applicants will be considered on the basis of need and general quality of the application, with preference given to those who have achieved academic excellence and been involved in school, community, and/or athletic activities, particularly in positions of leadership.

NOTIFICATION & FOLLOW UP

The Selection Committee will arrange interviews for finalists, and students will be notified of their application status in April. Each year, present and past awardees will be expected to complete an annual questionnaire on the progress of their higher education, report on how their scholarship fund grants were spent (tuition, books, fees, childcare, etc.), and provide EveryMind with their updated contact information as needed.

CHECKLIST OF MATERIALS

- Signed application form
- Statement of Goals essay sheet
- FAFSA Student Aid Report
- Transcript
(High school or college transcript, if already attending college)
- Academic Recommendation Form
- Leadership Recommendation Form
*(Recommendations must be enclosed in a **sealed envelope** with the reference's signature across the seal. These 2 forms may be mailed separately.)*

APPLICATION DEADLINE

All applications and attachments must be emailed, postmarked or delivered by **April 4, 2025**.

Mailing/Delivery address:

**EveryMind
c/o Taryol Latimer
1000 Twinbrook Parkway
Rockville, MD 20851**

Email address: tlatimer@everymind.org.

QUESTIONS

Contact Taryol Latimer - tlatimer@everymind.org

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2025 APPLICATION FORM

Please type your answers or print clearly using blue or black ink. Use the reverse side or additional pages as needed.

PERSONAL INFORMATION

First Name Middle Initial Last Name

Street Address (Apt. #) City State Zip

Home Phone Work Phone

Cell Phone Email

Birth Date: _____ Social Security Number: _____
(Mo./Day/Yr.)

I plan to earn a degree from the following:
 4 year college/university 2 year college vocational/technical school

Next year will be my:
 Senior year of high school 1st year of college 2nd year of college
 3rd year of college 4th year of college

College major:
 The major I have selected is _____
 I am undecided about a major at this time.

Name of Parent (mother) or Primary Guardian (grandmother, foster mother, aunt, sister who had parental responsibilities for you) who has died of breast or ovarian cancer and note their relationship to you.

Name	Relation to you

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ACADEMIC INFORMATION

Name of Current School: _____

City State Zip Code

Dates attended: From _____ to _____ Expected date of graduation: _____
(Month/Year) (Month/Year)

Cumulative Grade Point Average: weighted _____ unweighted _____

If you have taken any of the following tests, please note your scores:

SAT	ACT	Other
Verbal _____	English _____	Name: _____
Math _____	Math _____	Score _____
Writing _____		
Combined _____		

Please list *additional* educational programs you have completed, including high school, other post-secondary education, and vocational training programs:

Program/School Name	Dates of Attendance

How many hours of community service have you completed toward what is required for graduation? Please describe the services you've performed, and the number of hours spent on each. ***If you are already a college student, please list any current community service activities and hours.***

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STATEMENT OF GOALS (4 Questions)

*Please type your answers here or print the page and handwrite clearly using blue or black ink.
Use additional pages as needed.*

1. What do you want to study in college? Why?

2. What would you like to be doing five years from now?

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3. Tell us about yourself; your strengths, your goals, and what school subjects or activities you most enjoy.

4. What are the major personal and academic benefits you hope to gain from your college experience?

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FINANCIAL NEED STATEMENT

INSTRUCTIONS

Please read the financial need instructions carefully to ensure that your application will be complete:

- If you are a high school senior or a high school graduate, please enclose a copy of your FAFSA Student Aid Report.
- If you are a high school junior graduating this year, please have your parents/guardians complete and sign this form using information from their most recent IRS Tax Return.

PARENT / GUARDIAN INFORMATION

	Parent/Guardian 1	Parent/Guardian 2
Adjusted gross income from work	\$_____	\$_____
Untaxed income and benefits (Child Support, AFDC, ADC, SSI)	\$_____	\$_____
Other income (Rental income, income from savings, etc.)	\$_____	\$_____
Total number of family members: _____		

Current Marital Status of Parent/Guardian:

single married separated divorced widowed

Current Marital Status of Applicant:

single married separated divorced widowed

Total number of family members who will be attending college in the next academic year: _____

Signature of Parent/Guardian: _____ Date: _____

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ACADEMIC RECOMMENDATION FORM

This recommendation should be completed by a teacher/instructor who can attest to your academic experience.

Name of Reference: _____ Title: _____

Address: _____

Work Phone: _____ Home Phone: _____ Email: _____

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Name of applicant: _____

How do you know the applicant? _____

How long have you known the applicant? _____

Please tell the Sherry S. Hintz Scholarship Selection Committee why you think this applicant should be awarded a scholarship and how you have seen his/her academic promise demonstrated. You may use a separate typed page to answer.

Signature: _____ Date: _____

Please return this recommendation form and any additional pages to the applicant in a sealed envelope with your signature across the seal. If you wish to mail your recommendation separately, please note that it must be emailed, postmarked or delivered to the EveryMind office by **April 4, 2025**. You may send your recommendation to:

EveryMind.
c/o Taryol Latimer
1000 Twinbrook Parkway
Rockville, MD 20851
tlatimer@everymind.org

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LEADERSHIP RECOMMENDATION FORM

This recommendation should be completed by an adult (not a relative) who can attest to your leadership experience in school, community service, and/or athletic activities.

Name of Reference: _____ Title: _____

Address: _____

Work Phone _____ Home Phone _____ Email: _____

=====

Name of applicant: _____

How do you know the applicant? _____

Length of time you have known the applicant? _____

Please tell the Sherry S. Hintz Scholarship Selection Committee why you think this applicant should be awarded a scholarship and how you have seen his/her leadership skills demonstrated. Use reverse side or additional pages if necessary.

Signature: _____ Date: _____

Please return this recommendation form and any additional pages to the applicant in a sealed envelope with your signature across the seal. If you wish to mail your recommendation separately, please note that it must be emailed, postmarked or delivered to the EveryMind office by **April 4, 2025**. You may send your recommendation to:

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