



A 501(c)(3) Foundation

**Putting Cancer  
On the Run.  
Making a Difference.**

[www.teamcmmd.org](http://www.teamcmmd.org)

Dear Student,

The Team CMMD Foundation's mission is to support those fighting cancer and their families in our community and beyond. In support of this mission, each year the Foundation awards **the Karen L. Baker Scholarship**.

Karen L. Baker was a full-time working mother of two who bravely fought liposarcoma, a rare form of soft-tissue cancer. With the support of Team CMMD, her friends, and her family, Karen showed exceptional courage through eight years of treatments to fight her cancer. On November 3, 2016, Karen's fight ended. Her legacy will continue through you.

In honor of Karen's bravery, we offer you the opportunity to apply for a special college scholarship. At the end of the 2018 academic year, one or more qualifying students graduating from Chester County high schools will be awarded college scholarships from the Team CMMD Foundation.

**AWARD DESCRIPTION:**

- \$5,000 per academic year of college attendance, for four consecutive years, totaling \$20,000
- Yearly award contingent on college student maintaining a 3.0 Grade Point Average (GPA) or better

**APPLICATION CRITERIA:**

- Completed applicant information form (see attached page)
- 2018 Graduation from a Chester County High School
- Attendance at a four-year accredited college (If acceptance received by time of application for scholarship, please include a copy of your acceptance letter)
- Current GPA of 3.0 or higher (high school transcript to be submitted with application)
- Applicant directly impacted by cancer, either by illness of applying student, a family member, or someone close to them. A 1,000- to 1,500-word essay to be submitted with application.

This scholarship will be administered by the Team CMMD Foundation. Applications should be sent to the Team CMMD Foundation **no later than Saturday, April 7, 2018**. All completed application components can be mailed to:

Team CMMD Foundation  
Attn: Karen L. Baker Scholarship Award Committee  
750 W. Lincoln Hwy  
Exton, PA 19341

The Karen L. Baker Scholarship Committee will review all applications. Scholarship recipients will be notified in May 2018.

Thank you for your interest in the Karen L. Baker Scholarship Award. We look forward to learning about your bravery as we work together in the fight against cancer.

Sincerely,

Team CMMD Foundation

*We are a charity team of runners and non-runners founded in 2012 by Christine Meyer, MD. We come from all walks of life, but are united in a common purpose: to make a difference in our community and in the lives of those affected by cancer.*

TEAM CMMD FOUNDATION  
KAREN L. BAKER SCHOLARSHIP 2018

# Application Form

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**Student's Full Name:** \_\_\_\_\_  
*(as you would like it to appear on your award if selected)*

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**School Attendance:**  
**Name of High School:** \_\_\_\_\_ **Anticipated Date of Graduation:** \_\_\_\_\_

**College/University I Plan to Attend:** \_\_\_\_\_

**College/University Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

- Yes, I've been accepted to this school.** *Great job! Please include a copy of your letter of acceptance with this form.*
- I haven't received my letter yet.** *That's okay! An acceptance letter is not required to apply for this scholarship.*

**Please check all that apply:**

- I am a cancer patient currently receiving treatment.
- I am a cancer survivor not requiring treatment at this time.
- A family member or someone close to me is a cancer patient currently receiving treatment.
- A family member or someone close to me is a cancer survivor.
- I have lost a family member or someone close to me, to cancer.
- I am interested in entering a field of science that supports cancer research.

**Please include the following components for your application to be considered complete:**

- My high school transcript demonstrating a 3.0 GPA or higher; and**
- My essay of 1,000-1,500 words expressing my cancer story and answering the question:**  
*How has your cancer battle, or the cancer battle of someone close to you, impacted your life?*
- A copy of your college acceptance letter, if you have received one (not required).*

**Thank you for your application, and for your bravery in the fight against cancer.**

**Team CMMD Foundation**

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**Please mail all application materials to:**

Team CMMD Foundation  
Attn: Karen L. Baker Scholarship Award Committee  
750 W. Lincoln Hwy Exton, PA 19341

Applications must be received by **Saturday, April 7, 2018.**