

# AJ Slye Memorial Scholarship



## SLYESTRONG #6

FOUNDATION

Scholarship - Awareness - Community

**Andrew John “AJ” Slye was a 2012 graduate of North Stafford High School. A favorite amongst his classmates and teachers, AJ was a great student and a tenacious athlete on the baseball diamond and football field. He was a young man with strong character, piercing blue eyes, and an infectious smile. Upon returning home from his first semester at Salisbury University, AJ was diagnosed with acute myeloid leukemia (AML), a form of blood cell cancer. His fight to beat cancer began at the University of Virginia Hospital, transitioned to John’s Hopkins Hospital and unfortunately ended on February 27, 2014 at the St. Jude Children’s Research Hospital. Over 14 months, multiple rounds of chemotherapy, radiation and a bone marrow transplant reduced AJ’s body from a strong, fit football player to a thin, battle-weary shell of a young man. But the cancer did not touch this warrior’s heart which steadily grew stronger. Through every setback he faced, his trust and faith in God became deeper, and his resolve became ever-increasing. His spirit and that infectious smile incredibly united and inspired an entire community.**

**The SlyeStrong#6 Foundation has been established in loving memory and honor of Andrew “AJ” Slye who is a testament to us all regarding how to endure and enlighten in the face of hardship.**

**Our mission** is to serve as a catalyst to find a cure for cancer, to give back to the communities who came together whole-heartedly in spirit, love, and hope to strengthen the fight for life, and to be a platform for all who have lost loved ones to cancer.

**Our purpose** is to bring alive the fight to find a cure for adult/childhood cancer, to raise community awareness, and to respond to the community in times of need.

**Our goals** are to:

1. Provide academic scholarships to graduating seniors in each of the five (5) Stafford County Public Schools and at least one (1) scholarship to a graduating senior from Stafford County Public Schools, Spotsylvania County Public Schools or Fredericksburg City Public Schools who has been immediately impacted by cancer.
2. Meet immediate community needs to alleviate hardship and promote a positive outlook
3. Raise money in support of medical research
4. Promote awareness of cancer and opportunities to help
5. Provide comfort to those living with cancer

**Our vision** is to honor and remember AJ by supporting the fight to cure cancer through heightened community outreach, God’s strength, and pure perseverance.

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## Who is Eligible:

- Be a graduating senior at Stafford County Public Schools, Spotsylvania County Public Schools or Fredericksburg City Public Schools. **One scholarship will be awarded.**
- Has been immediately impacted by a cancer diagnosis (parent or guardian, sibling or self)
- Will attend an accredited 2 or 4-year college or university in the fall of 2024.  
(Family Members of the SlyeStrong#6 Foundation Board are not eligible.)

**Amount:** up to \$2,000.00 sent to the college or university the applicant will be attending.

**Application Deadline:** March 22, 2024

**Selection Process:** All applications will be evaluated by the SlyeStrong#6 Scholarship Committee for the final award.

**Submit Completed Application to:** SlyeStrong#6 Foundation, c/o Laura Slye, 34 Brittany Lane, Stafford, VA 22554 or email scanned .pdf documents to [slyestrong6@slyestrong6foundation.org](mailto:slyestrong6@slyestrong6foundation.org)

## Required Documents:

### Checklist

- Completed Application Page
- Two (2) Letters of Recommendation** from school official, teacher, coach, and/or from a community leader (minister, scoutmaster, employer, volunteer sponsor )
- Two (2) Essays** (no more than 800 words each) – In your own words,
  1. Often college organizations participate in fundraisers for cancer research and support. If you were invited to speak to these groups, who may not have intimate experience with cancer, what would you say to them? What could you tell them about your experience that would motivate them in their endeavors?
  2. Cancer should not define you. We would like you to tell us about you (who you are, what you enjoy doing, what are your hopes and dreams, etc).
- Physician Verification Form
- List of Extra-Curricular Activities
- List of Honors, Awards, and/or Leadership Positions

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## Application Page

### Personal Information:

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Last Name	First Name	Middle Name
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Street Address

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City	State	Zip code
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E-mail Address	Telephone Number
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List the colleges or universities to which you have applied

### Principal/Counselor Certification

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Printed name	Signature	Date
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Title	Telephone	School Name
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Class Ranking/Class Size	GPA	Grading Scale
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## Physician Verification Form

**Dear Applicant:**

Please, complete the top portion of this form, then have your physician complete this form verifying your diagnosis or the diagnosis of a parent or sibling and submit it with your application. If your parent, guardian or sibling has passed away from cancer, we ask that you submit a copy of his or her death certificate with your application in lieu of this form. Thank You.

**APPLICANT'S FULL  
NAME:** \_\_\_\_\_

**PATIENT'S FULL  
NAME:** \_\_\_\_\_

**RELATIONSHIP** (Circle one) Self, Parent/Guardian, Sibling    **APPLICANT'S  
AGE AT DIAGNOSIS:** \_\_\_\_\_

**Dear Doctor,**

The following applicant has applied for a college scholarship from the SlyeStrong #6 Foundation. Your cooperation in verifying their diagnosis or the diagnosis of a parent or sibling is greatly appreciated.

Please complete this form and return it to the applicant. The applicant is responsible to include this form in their application.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact Laura Slye, the SlyeStrong #6 Foundation Scholarship Chair, [Slyestrong6@slyestrong6foundation.org](mailto:Slyestrong6@slyestrong6foundation.org) or call 406-781-0833

Thank you

Laura Slye

**DIAGNOSIS:** \_\_\_\_\_ **DATE OF DIAGNOSIS:** \_\_\_\_\_

**HOSPITAL / ONCOLOGY  
PRACTICE:** \_\_\_\_\_

**PHYSICIAN'S  
NAME:** \_\_\_\_\_

# AJ Slye Memorial Scholarship

## Recommendation Letter Instructions

A letter of recommendation is requested by the SlyeStrong#6 Foundation scholarship committee for the AJ Slye Memorial Scholarship. Please take the time to write a letter of recommendation on the applicant's behalf addressing the following:

- Please explain how long you have known the applicant and in what capacity.
- Please describe how the applicant has dealt with his/her cancer experience. Discuss what has inspired you about the applicant's ability to cope, their attitude and their outlook.
- Please describe how cancer has influenced the applicant's educational and/or career goals.

**Once you have completed your letter, return it to the applicant in a sealed envelope with your name written across the sealed portion of the envelope. Please, return to the student prior to the deadline date.**

We thank you for taking your time to reflect on the scholarship applicant. If you have any questions, you may contact Laura Slye at [Slyestrong6@slyestrong6foundation.org](mailto:Slyestrong6@slyestrong6foundation.org) or call 406-781-0833

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