



Hawaii Children's Cancer Foundation Presents:



## The Frank Seleny Scholarship

Frank Seleny was a compassionate, caring physician, who was a pediatric anesthesiologist for many years at Children's Memorial Hospital of Northwestern University in Chicago. After a long distinguished career, Dr. Seleny retired to Hawaii in 1992. His wife is Dianne Fochtman Seleny who has spent in any years as an Advanced Practice Nurse in Pediatric Oncology, the last 13 years of which have been at Kapiolani Medical Center for Women and Children. Frank was always supportive of Dianne's work with children and adolescents with cancer. When his long and valiant fight with heart disease ended in September, 2004, Dianne wanted to create something in lasting memory of his love for children. Education was important to Frank and he always supported young people in their endeavors.

To meet her goal, Dianne has established the "**Frank Seleny College Scholarship Fund**" through Hawaii Children's Cancer Foundation (HCCF). This scholarship is to help those who have or have had childhood cancer. Two annual \$1,000 scholarships are available to help with expenses at college or vocational school on a competitive basis. Grades are a consideration; however, much of the decision will be based on a 250 word essay on why the candidate desires the scholarship.

### Who can apply?

Anyone who is a Hawaii resident who was diagnosed with cancer as a child (under 18 years of age). You must be pursuing some form of education beyond high school; either college, vocational or trade school.

You will need to complete the application form which requires a physician's signature to verify your childhood cancer diagnosis. In addition, you will need to provide an official transcript of your last school year and a typed or printed 250-word essay explaining why you desire this scholarship.

### Deadline

Your completed application should be mailed or delivered to:

Hawaii Children's Cancer Foundation  
1814 Liliha Street  
Honolulu, HI 96817  
Attention: Frank Seleny Scholarship Committee

Your application must be postmarked by **May 31**  
Please call: (808) 528-5161 if you have any questions.



## Frank Seleny Scholarship Application

**Personal Information**

|   |                        |
|---|------------------------|
| Name: (Last, First, Middle Initial)   | Age:                   |
| Present Address:  | Telephone Number:      |
| City, State and Zip. Code:  | Date of Birth:         |
| Have you Ever Lived in Hawaii: Yes <input type="checkbox"/> · No <input type="checkbox"/> | Years Lived in Hawaii: |

**Education:**

|   |                    |
|---|--------------------|
| College/University or Vocational School | Year/Term Accepted |
|---|--------------------|

**Medical History:**

|  |                   |                      |            |
|--|-------------------|----------------------|------------|
| What Type of Cancer Did You Have?                  | Year of Diagnosis |                      |            |
| Signature of Physician Confirming Medical History: |                   |                      |            |
| Signature  | Date              | Print Physician Name | Telephone# |

**Signature:**

|  |               |
|--|---------------|
| I certify that the information provided above is accurate. |               |
| _____<br>Applicant Signature                               | _____<br>Date |

HCCF

Approval: \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date