



258 Harvard Street, #367  
Brookline, MA 02446

FOUNDATION FOR  
Faces of Children

617.355.8299 • [scholarship@facesofchildren.org](mailto:scholarship@facesofchildren.org) • [www.facesofchildren.org](http://www.facesofchildren.org)  
[www.facebook.com/facesofchildren](https://www.facebook.com/facesofchildren) • [www.youtube.com/facesofchildren](https://www.youtube.com/facesofchildren)

*Thank you for your interest in the Foundation for Faces of Children's scholarship program.  
These scholarships are awarded based on the following criteria:*

- Applicants must have been born with a craniofacial difference.
- Applicants must reside in New England (CT, ME, MA, NH, RI or VT.)
- Applicants must show evidence of character, determination to complete academic program, academic achievement, and involvement in extracurricular activities.
- All applications **MUST BE** received by March 1 of the year in which they are being awarded and will be kept confidential.
- Applicants may apply multiple times but may be awarded a scholarship only **ONCE**.
- Not open to current board members or board members who have served in the past five years or their family members.

**The Jane C. McDaid Memorial Scholarship:** In addition to the criteria listed above, this scholarship will be awarded to the applicant that shows evidence of strong community service. This scholarship was named to honor FFC past president and board member, Jane McDaid.

**The Barbara Seltzer Memorial Scholarship:** In addition to the criteria listed above, this scholarship will be awarded solely to an applicant with cleft lip/palate who has been active in the arts or who will be pursuing a career in the arts. This scholarship was named to honor Prescription Parents co-founder Barbara Seltzer.

**The Dorothy MacDonald Scholarship:** In addition to the criteria listed above, this scholarship will be awarded to an applicant who will be pursuing a career in the health professions. This scholarship was named to honor Dorothy B. MacDonald, RN, who has dedicated her career to caring for children with craniofacial differences.

**The Dr. John B. Mulliken Scholarship:** In addition to the criteria listed above, this scholarship will be awarded to an applicant who demonstrates excellence in academic scholarship and leadership. This scholarship was named after Dr. John B. Mulliken, founder of the Foundation for Faces of Children, who has devoted his life to working with and improving the lives of children born with craniofacial differences.

*Please complete all sections of the application. Thank you!*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ SS # \_\_\_\_\_

Craniofacial Condition \_\_\_\_\_

School you currently attend \_\_\_\_\_

**REQUIRED:** A recent photograph (in high-res JPEG). Submission of a photograph constitutes your agreement that, in the event you are selected as a recipient, the Foundation for Faces of Children is authorized to publish the photograph in its newsletter or on its website or in other publications.

1) List all colleges/universities to which you plan to apply:

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2) Please write a short essay (500 words or less), on a topic of your choice, which will help us evaluate you as a scholarship recipient. Your essay should describe you in a way that gives us the opportunity to know you as a person. It should also include the impact your craniofacial condition has had on your life and educational experiences as well as an explanation of the qualities and abilities that make you the best candidate for a scholarship.

3) Please include a resume of activities/honors/community service.

4) Briefly describe what you hope to be doing ten years from today.

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5) Please provide two (2) letters of recommendation to [scholarship@facesofchildren.org](mailto:scholarship@facesofchildren.org) by the authors no later than March 1 with the subject: Applicant Name’s 2021 Recommendation Letter. List the names of your references below, their email address, and relationship to you.

Reference 1: \_\_\_\_\_

Reference 2: \_\_\_\_\_

Please let us know how you heard about our scholarship program:

- Newsletter    Mailing to home    Email List    in Clinic    Facebook    Instagram  
 Other (please specify) \_\_\_\_\_

**APPLICATIONS ARE DUE NO LATER THAN MARCH 1  
IN THE YEAR YOU WISH TO RECEIVE YOUR SCHOLARSHIP.**

Upon completion, **please email all required documents to [scholarship@facesofchildren.org](mailto:scholarship@facesofchildren.org) before March 1.**

Required documents are:

- Completed Application
- Recent photograph
- 2 Letters of Recommendation (emailed by the recommendation writers).
- Essay
- Resume