



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 be a high school graduate or an enrolled student in the distribution year.
- Applicants must show evidence of character, determination to complete academic program, academic achievement, and involvement in extracurricular activities.
- Not open to current board members or board members who have served in the past five years or their family members.
- All applications MUST BE submitted by midnight on March 1 of the year in which they are being awarded and will be kept confidential.
- Applicants may apply multiple times but will be awarded a scholarship only ONCE.

**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 committed 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. Attention will be directed to someone with an interest 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 profession. 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 academic excellence and leadership. This scholarship was named in honor of Dr. John B. Mulliken, founder of the Foundation for Faces of Children, who has devoted his personal and professional life to working with and improving the lives of children born with craniofacial differences.

*Please complete all sections of the application and submit online in PDF format to:  
[Scholarship@facesofchildren.org](mailto:Scholarship@facesofchildren.org). Thank you!*

Name (full) \_\_\_\_\_

Address \_\_\_\_\_

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

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

EMAIL: \_\_\_\_\_

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

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

**REQUIRED:** Attach a recent photograph of yourself (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 in which you have committed/applied to:

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- 2) On a separate page, please write a short essay (500 words or less), on a topic of your choice. Keep in mind that all of our scholarships are awarded on the basis of evidence of character, rationale for choice and determination to complete your academic program, demonstrated academic achievement and involvement in extracurricular activities. In addition, individual scholarships may have specific criteria as listed in their description. Your essay should describe you in a way that gives us the opportunity to know you as a person, as well as an explanation of the qualities and abilities that make you the best candidate for the scholarship. It could also include the impact your craniofacial condition has had on your life and, or your educational experiences.
- 3) Please include your full resume of activities/academic and personal honors/voluntary community service and work experience.
- 4) Briefly describe what you hope to be doing 10 years from now, and how you hope to be employed.

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- 5) In addition to this application, please have your current or highest-level educational institution submit a transcript of your record directly to the Foundation electronically. Also, identify two (2) references who will submit their letters of recommendation electronically directly to the Foundation, by the March 1<sup>st</sup> deadline.

1. \_\_\_\_\_ email: \_\_\_\_\_  
2. \_\_\_\_\_ email: \_\_\_\_\_

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

☐ Newsletter/Post Card ☐ Email List ☐ In Clinic ☐ Social Media ☐ Other (please specify) \_\_\_\_\_

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

All documents and references should be submitted in PDF format, photos

should be submitted in PNG or JPEG format by email to:

[scholarship@facesofchildren.org](mailto:scholarship@facesofchildren.org)