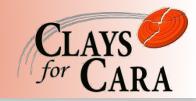
Clays for Cara Recipient Application



Scholarship Recipient In	formation:			
Name:		Date of Birth		
Address:	City	ST	ZIP	_
Telephone:	Email Address:			_
Applicant Information (i	f completing Application on behalf of t	he Scholarshi	p Recipient)	
Name:	Relationship to Recip	ient (ex: Spou	se, Friend)	
Address:	City	ST	ZIP	_
Telephone:	Email Address:			_
Who will be main point	of contact for family:			
children):	rel required for treatment, as well as fa	•	·	-
Applicant Signature:	Date of Su	bmission:		

Clays for Cara Mission Statement:

Our Mission at the Cara Ann Hobbs Foundation is to honor the memory of Cara Hobbs by continuing her legacy of kindness, love, and compassion for those directly affected by cancer or other life-threatening illness as well as the ongoing support of the Cara Ann Hobbs Endowment at The University of Texas MD Anderson Cancer Center.