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**2015-2016 SURVIVOR SCHOLARSHIP APPLICATION**

**ELIGIBILITY REQUIREMENTS**

1. Applicants must be a young adult cancer survivor or current patient
2. Applicants must be between the ages of 18-35. *An exception is made if you are 17 and entering college in the fall of 2015.*
3. Applicants must be a US citizen or permanent resident
4. Applicants must be attending an accredited college, university or vocational institution in pursuit of an associate, bachelor, master’s, doctorate or certificate as of the fall of 2015

**CRITERIA**- In addition to the quality of essays and recommendations, applicants will be evaluated based on the following criteria:

* Displaying a “Will Win” attitude with respect to his or her cancer experience
* Overall story of cancer survivorship
* Commitment to education
* Financial need

**CHECKLIST**- All applications must include the following:

**[ ]** Complete application form

**[ ]** Copy of college transcript or course registration if you are an incoming Freshman

**[ ]** Resume or list of notable accomplishments (See Section E for more details)

**[ ]** 4 Essays (See Section F for more details)

**[ ]** 2 Letters of Recommendation (See Section G for more details)

**[ ]** Signed Authorization statements (See Section H for more details)

**SUBMISSION-** Please mail completed application to:

**Meghan Rodgers**

**National Collegiate Cancer Foundation**

**4858 Battery Lane #216**

**Bethesda, MD 20824**

Note: Do not send applications via certified mail. You may also email your application as a PDF file to **info@collegiatecancer.org**. Please include all sections in one file.

**APPLICATION DEADLINE-** All applications must be postmarked by **May 15, 2015.**

**AWARD NOTIFICATION DATE-** Applicants will be notified by mail beginning July 1, 2015.

**2014-2015 Survivor Scholarship Application**

***Section A: Personal Information***

First Name:       Middle Initial       Last Name:

Address:

City:       State:       Zip Code:

Home Phone:       Cell Phone:

Email Address:

How did you hear about us? If a website, please list.

Gender: [ ]  Male [ ]  Female

Date of Birth (mm/dd/yy):       Age:

List Family Members

Mother:       Father:       Guardian:

Siblings & Ages:

Marital Status: [ ]  Single [ ]  Married [ ]  Divorced/Separated

Number of dependents & ages:

***Section B: Current Education Information:***

Current Grade Level as of Fall 2015:

School Name:

School Address:

City:       State:       Zip Code:

Registrar’s Office Phone Number (for verification only):

Current GPA or High School GPA (for college Freshmen only):

Major:       Minor:

\*\*Please attach a copy of your official transcript. High school seniors- please send your high school transcript and college acceptance letter.

***Section C: Medical History***

Diagnosis:

Date of diagnosis:

Age at diagnosis:

Please indicate whether you have received the following during your treatment:

 Surgery

 Radiation

 Chemotherapy

Recurrence or 2nd cancer (if applicable)

Are you currently undergoing treatment? [ ]  Yes [ ]  No

When was your last treatment?

Age at last treatment?

Name & City of Treatment Center:

***Section D: Financial Need***

Please list all total cost of education expenses and sources of financial assistance you will be receiving for the upcoming school year, including other scholarships.

|  |  |
| --- | --- |
|  | **Amount** |
| **Total Estimated 2015/2016 Education Costs** |       |
|  |  |
| **Financial Aid Package from School , Loans & Other Scholarships:** |  |
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***Section E: Notable Accomplishments***

* Include a resume or summary of any awards, honors or special recognition you have received.
* Please provide dates of involvement and amount of time committed each week/month.

***Section F: Essays***

* Essays will be rated on the basis of creativity and clarity of expression.
* Essays must be typed.

Please answer the following:

1. Please describe how your cancer diagnosis and treatments have impacted your life and pursuit of a higher education. (Limit essay to 1 page typed)
2. The National Collegiate Cancer Foundation’s mission is to assist cancer survivors, their friends and family in establishing a “Will Win” attitude towards cancer. Please describe how you’ve displayed a winning attitude during your personal experience with cancer. (Limit essay to 1 page typed)
3. Based on your experiences, what advice would you give a young adult who has recently been diagnosed? (Limit essay to ½ page typed)
4. Please provide a short explanation of your current financial situation, how your cancer experience has increased your financial need, and how you will use the money if awarded. (Limit answer to ½ page typed)

***Section G: Letters of Recommendation***

1. Applicants must provide two letters of recommendation:
* One letter must be from a **non-family member** such as a teacher, employer, guidance counselor or healthcare provider.
* One letter must be from a **peer** such as a friend, significant other or colleague who has been inspired by the applicant’s winning attitude towards his or her cancer diagnosis.
1. Recommendations should include:
* How long the reference has known the applicant and in what capacity.
* A description of the lessons your reference learned from you and your experience with cancer.
1. Each letter should include the reference’s name, address, email, and phone number.
2. Letters of recommendation **must** be included with your completed application packet. Do not submit separately.

***Section H: Authorizations***

**PLEASE READ AND SIGN EACH STATEMENT BELOW!**

1. I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE. I UNDERSTAND THAT THIS APPLICATION WILL BECOME THE PROPERTY OF THE NATIONAL COLLEGIATE CANCER FOUNDATION. I AGREE THAT MY ESSAY MAY BE REPRINTED IN PART OR IN FULL FOR THE PURPOSES OF EDUCATING, SUPPORTING AND HELPING OTHER COLLEGE STUDENTS AFFECTED BY CANCER. I UNDERSTAND THAT ALL FINANCIAL AND MEDICAL INFORMATION WILL REMAIN CONFIDENTIAL.
2. I AUTHORIZE THE REGISTRAR OF MY COLLEGE/UNIVERSITY TO PROVIDE A REPRESENTATIVE OF THE NATIONAL COLLEGIATE CANCER FOUNDATION WITH INFORMATION REGARDING MY ENROLLMENT STATUS AND VERIFICATION OF MY GPA AND/OR CREDITS EARNED.
3. I HEREBY AUTHORIZE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MEDICAL PROVIDER LISTED ON THE APPLICATION) TO PROVIDE INFORMATION ABOUT MY MEDICAL CONDITION AND CANCER DIAGNOSIS TO A REPRESENTATIVE OF THE NATIONAL COLLEGIATE CANCER FOUNDATION IN ORDER TO SUPPORT MY SCHOLARSHIP APPLICATION.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINAL REMINDERS**

* ***Be Yourself!*** We are not looking for the perfect resume or transcript. We want to hear your story in your own words.
* ***Please ensure that you have completed the following checklist:***

**[ ]**  Completed all sections of the application, including essays

**[ ]** Included a copy of college transcript or course registration if you are an incoming Freshman

**[ ]** Included a list of notable accomplishments

**[ ]** Included 2 reference letters

**[ ]** Signed and dated the Authorization Statements

**[ ]** Removed all paper clips and staples from your application materials

**[ ]** Submit all application materials in one envelope or email as a single PDF to info@collegiatecancer.org

* ***Again- Do not staple or paper clip any parts of your application!!!!***  We have to individually scan each application and ask that you help us speed the process.
* ***Do not send your application via certified mail.*** If you are concerned about receipt of your application, please submit as a PDF to info@collegiatecancer.org.