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**2017-2018 LEGACY SCHOLARSHIP APPLICATION**

**ELIGIBILITY REQUIREMENTS**

1. Lost a parent (or guardian) to cancer
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 2017.*
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 2017.

**CRITERIA**

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

* Journey
* Encouragement
* Need
* Notable Accomplishments

**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)

3 Essays (See Section F for more details)

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

Copy of parent’s or guardian’s death certificate

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 20814**

**Do not send applications via certified mail.** You may email your application as a single PDF file to **info@collegiatecancer.org**.

**APPLICATION DEADLINE-** All applications must be postmarked by **May 15, 2017.**

**AWARD NOTIFICATION DATE-** Applicants will be notified by mail beginning **July 3, 2017.**

 **Legacy 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 2017:

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***

Name of parent (or guardian) diagnosed with cancer:

Relationship to applicant:

Type of cancer diagnosis:

Applicant’s age when parent (or guardian) was diagnosed:

Did you reside with your parent (parent or guardian) during his or her treatment?  Yes  No

Applicant’s age at parent’s (or guardian’s) death:

***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 2017/2017 Education Costs** | $ |
|  |  |
| **Financial Aid Package from School , Loans & Other Scholarships:** |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total:** | $ |

***Section E: Notable Accomplishments***

* Include a resume or any awards, honors or special recognition you have received.
* Although there is not a volunteer requirement associated with the Legacy Scholarship, special consideration will be made for volunteer work and community service, especially as it relates to the area of cancer.
* 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. **Journey (**1 page typed)
   * How did your parent’s (or guardian’s) cancer diagnosis and course of treatment impact your family’s life (i.e. emotional, financial, educational)?
   * The loss of a loved one is a painful experience and the grief that follows is a personal experience that is often difficult to describe to others. In your own words, how did their cancer journey shape the person you have become?
   * How has the memory of your parent (or guardian) been carried on by you and your family?
2. **Encouragement (**1 page typed)
   * The Legacy Scholarship was founded on a “Bring It On” attitude of cancer survivors who encouraged their loved ones to remain positive and strong in the face of incredible uncertainty. Please describe how your parent (or guardian) displayed this attitude and how it impacted you. If you were too young to remember or a “Bring It On” attitude was exemplified in another family member, please share.
   * Please also include how you have encouraged others as a result of your personal experience with cancer.
3. **Financial Need (**½ page typed)
   * Please provide a short explanation of your current financial situation, how the loss of your parent (or guardian) has increased your financial need, and how you will use the money if awarded.

***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 experience with a parent’s or guardian’s cancer diagnosis.
2. 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.
3. Each letter should include the reference’s name, address, email, and phone number.
4. Letters of recommendation **must** be included with your completed application.

***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.

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

Provided a copy of a death certificate

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.