



Candlelighters Continuing Education Scholarship

APPLICATION DEADLINE AND SUBMISSION:

Applications must be received at the address below no later than **Wednesday, April 1, 2020**

Mail completed application to:

Candlelighters Scholarship Program
6600 SW 92nd Ave Suite 160
Portland, OR 97223

APPLICATION INSTRUCTIONS:

- Please attach your most recent high school or college transcript (non-official transcripts accepted)
- Scholarship recipients will be notified no later than June 5, 2020
- Funds will be paid directly to the applicant's approved school of choice prior to the start of fall classes.

LETTER OF RECOMMENDATION:

- Please attach 2 letters of recommendation
- Letter must be typed, dated, and signed
- Recommendation must come from someone other than a family member. We highly recommend that you have at least 1 letter of recommendation from a teacher or professor who can speak to your performance as a student.

AMOUNT AWARDED:

- One \$2,500 scholarship will be awarded, generously funded by Dan Tilden and Heidi Hougard.
- One \$1,000 scholarship.
- One \$500 scholarship.

APPLICANT CRITERIA:

- Applicant must be pursuing an undergraduate, technical or vocational education.
- The applicant must be a graduating high school senior or an enrolled post-secondary student at the time of application.
- If a high school senior, the applicant must have, at least, a cumulative 3.0 G.P.A. However, if the applicant has an I.E.P., or accommodations in place, then the required G.P.A. is 2.5.
- If the applicant is currently attending a post-secondary school, the required G.P.A is 2.0.
- The applicant must have, or have had, cancer prior to age 21.
- The applicant must be a member of Candlelighters For Children With Cancer, and a resident of Oregon or Southwest Washington.
- Applicants who are declined may re-apply in subsequent years, as long as they are still attending school and meet applicant criteria.
- If a student is awarded the scholarship, but does not attend school, the scholarship award will be reviewed, which may result in its forfeiture. In that case, the scholarship would be awarded to a runner-up applicant.
- This scholarship process and the award, itself, are reviewed annually and are subject to availability of funds from Candlelighters For Children With Cancer.

WINNER CONTINGENCY:

- Awardees may be asked to attend a Candlelighters fundraising event as our guest to highlight our organization and the impact of our scholarship program. If winner is not available or out of state, we may ask for a short video submission with contents to be determined at a later date
- A short write up on the impact of the scholarship will also be required the year following applied funding

**Candlelighters Continuing Education
Scholarship Program****APPLICATION FORM:**

Name: _____

Diagnosis and Year: _____

Previous Years Awarded the Candlelighters Continuing Education Scholarship: _____

Permanent Mailing Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ Email Address: _____

Current School: _____ GPA: _____

School Attending in Fall of 2019: _____

Course of Study: _____

Candlelighters would like to use winning essays as examples for future scholarship applicants or to share at various events or to funders. Your name will be removed from the essay in that case. If you agree to Candlelighters sharing your essay, please check yes.

_____ Yes, I consent to Candlelighters sharing my essay, if I become a scholarship recipient.

_____ No, I do not consent to Candlelighters sharing my essay if I become a scholarship recipient.

PLEASE ANSWER THE FOLLOWING QUESTION AS COMPLETELY AS POSSIBLE IN AN ESSAY FORMAT:

Describe how your cancer experience has influenced your perspective on life and how you plan on applying that perspective to help you achieve your goals

We are interested in learning more about our clients and collecting information that will allow us to apply for grant funding in the future. We greatly appreciate you providing answers to the following questions.

Please note that these questions are optional and all answers will be kept confidential and will have no impact on the approval process for any of our programming.

Family Data (Please check all that apply):

Race & Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Arab or Middle Eastern |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other |

Highest Level of Education for 1st Parent: _____ Highest Level of Education for 2nd Parent: ☐ High School ☐ High School

- | | |
|--|--|
| <input type="checkbox"/> Community College | <input type="checkbox"/> Community College |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Some College |
| <input type="checkbox"/> College Degree | <input type="checkbox"/> College Degree |
| <input type="checkbox"/> Graduate Degree | <input type="checkbox"/> Graduate Degree |

Occupation of 1st Parent: _____

Occupation of 2nd Parent: _____

Total Household Income:

- ☐ Less than \$10,000
- ☐ \$10,000 - \$24,999
- ☐ \$25,000 - \$39,999
- ☐ \$40,000 - \$49,999
- ☐ \$50,000 – \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,00 and above

Military Status:

- | | |
|--|--|
| <input type="checkbox"/> Not a Veteran | <input type="checkbox"/> Newly/Recently Separated Veteran (3 year) |
| <input type="checkbox"/> Other Protected Veteran | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Other: _____ |