



Kids Cancer Alliance Survivor Scholarship Application 2017

Kids Cancer Alliance Survivor Scholarship Application

The KCA Scholarship fund was established to support young adult cancer survivors and to assist them in pursuing their academic and professional goals. The scholarship is designed to ease the financial burden of obtaining an education from an accredited university, community college, vocational or technical school. Kids Cancer Alliance is accepting applications from individuals who meet the criteria, demonstrate financial need, and show academic and personal potential.

CRITERIA:

- 1) The applicant must have or have had cancer and have attended Indian Summer Camp between the ages of 6 and 18.
- 2) The applicant must be a full time (minimum 12 credit hours per semester) student at an accredited university, community college, vocational or technical school.
- 3) The applicant must be a citizen of the United States.
- 4) The applicant must return a completed application, school transcripts, completed essays, and 2 letters of recommendation by April 1, 2017.
- 5) The applicant must apply for the KCA scholarship the first time by the age of 21, although funds may be awarded after the age of 21, but no later than age 25.
- 6) The applicant must demonstrate financial need.

HOW AWARDS ARE RECEIVED:

Scholarship awards are given on an annual basis, except in instances where a four year scholarship is awarded. If you are awarded a 4 year scholarship, criteria will be provided to you outlining the standards for maintaining the scholarship. Applications will be reviewed by an independent committee of volunteers, who will recommend awards to the Kids Cancer Alliance Board of Directors. Multiple applicants may receive awards, depending on the strength of the applicants and the funds available. The scholarship is not automatically renewed, although applicants may re-apply consecutive year if they still meet the criteria. Applicants that are re-applying must maintain a GPA of 2.5. If your GPA falls outside of this range, please share your circumstances with the selection committee on an additional page.

ADDITIONAL INFORMATION:

Scholarship payments are sent directly to the educational institutions on your behalf. The full amount is sent at the beginning of the school year. You must be accepted by a school by May 1st to receive the scholarship.

If you are awarded a scholarship, we will also ask you to complete a brief progress report in December and in June. The scholarship committee appreciates your hard work and wants to celebrate your progress.

If you are homeschooled you are still eligible for the scholarship. Please attach a copy of your curriculum, transcript, and any supporting documentation you would like the committee to review.

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Section A - Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Male: _____ Female: _____ Social Security Number: _____

Primary Diagnosis: _____ Physician/Treatment Center: _____

On/Off treatment since: _____ (circle one) Phone Number for above: _____

This scholarship would help to finance my education at the following educational institution/s: (Please list full information for each university/college/vocational/technical school you are considering. If you have not yet chosen a school, please list all you are considering. Your award will not be sent until you have notified us of your acceptance and selection of a school.

School: _____ Have you been accepted? _____

Expected cost of tuition, room, and board per year: _____

Address: _____
Street Address

City State ZIP Code

School: _____ Have you been accepted? _____

Expected cost of tuition, room and board per year: _____

Address: _____
Street Address

City State ZIP Code

Section B - Financial Information (Student)

Do you live with your parents/guardians when not at school: _____

If not how long have you lived independently: _____

Will your parents/guardians contribute to your school expenses? _____ Amount: _____

Will you contribute to your school expenses? _____ If so what is the source/amount of your income: _____

Please specify any type of employment, scholarships, and financial aid: _____

If you are already attending school, how much student loan debt do you have? _____

Section C - Financial Information (Parents/Guardians)

Please list your Household Gross Annual Income: _____

How many people is this household supporting total ? _____ (children: _____ adults: _____)

Do you own your home outright or have you taken out a home mortgage?: _____ If so, how much do you owe: _____

List any other source of income & amounts (please include any other family support, alimony, etc.):

Describe any outstanding debts. Please list amounts (example: credit card debt \$2,500). The more information you are able to provide the easier it is for the scholarship committee to understand your financial situation.

Describe any specific information impacting your family's financial need in meeting the applicant's educational goals (future medical bills, other siblings in college, etc): The more information you are able to provide the easier it is for the scholarship committee to understand your financial situation.

Section D – School Information (student please fill out section)

Applicant: Please list any extracurricular activities you have been involved in: _____

Applicant: Please list any honors/awards you have received: _____

Section E – Essay and Letters of Recommendation

Essay: Please attach two 300 word essays, and thoroughly answer each question below.

1. Please describe your cancer journey and how you have benefitted directly from Kids Cancer Alliance.
2. Please share your plans for the future, your goals, and how this scholarship will help you achieve them.

Letters of Recommendation: Please also include 2 letters of recommendation from non-family members. These letters should be from educators, mentors, doctors, etc. Please choose people who know you well, and can speak to your attributes and character. **The exact form that should be completed is included, and should be mailed directly to Kids Cancer Alliance.** A fillable digital copy will also be available on Kidscanceralliance.org if emailing it would be preferred.

Academic Report: School officials must complete the academic report. **The exact form that should be completed is included and should be mailed directly to Kids Cancer Alliance.** A fillable digital copy will also be available on Kidscanceralliance.org if emailing it would be preferred.

Additional Information

All paperwork must be received by **April 1, 2017**. Only completed applications will be presented to the committee for review. You will be notified in early May if you have been awarded a scholarship.

Please send completed applications to: Kids Cancer Alliance, P.O. Box 24337, Louisville, KY 40224. For questions about this program contact Leah McComb at 502.365.1538 or by email Leah@kidscanceralliance.org



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Academic Report

The KCA Scholarship fund was established to support young adult cancer survivors and to assist them in pursuing their academic and professional goals. The scholarship is designed to ease the financial burden of obtaining an education from an accredited university, community college, vocational or technical school.

Please have a school official complete the following academic report and send it directly to Kids Cancer Alliance by April 1st.

Physical Mailing Address: Kids Cancer Alliance, P.O. Box 24337, Louisville KY, 40224
Email: Leah@kidscanceralliance.org

Name of Student: _____

Grade Point Average (unweighted, based on a 4.0 scale): _____

Rank in class: _____ Size of graduating class: _____

Applicants highest SAT/ACT score: _____

Is there any additional information you would like to share about this student's academic performance?

This information has been completed by:

Name: _____

Title: _____ Date: _____

May we contact you if we have additional questions? _____

Email: _____ Phone: _____



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Letter of Recommendation

The KCA Scholarship fund was established to support young adult cancer survivors and to assist them in pursuing their academic and professional goals. The scholarship is designed to ease the financial burden of obtaining an education from an accredited university, community college, vocational or technical school.

Please have your references complete the following letter of recommendation and send it directly to Kids Cancer Alliance by April 1st.

Physical Mailing Address: Kids Cancer Alliance, P.O. Box 24337, Louisville KY, 40224
Email: Leah@kidscanceralliance.org

Name of Student: _____

Please speak to the applicant's academic potential. Is there anything else you would like to share?

LETTER OF RECOMMENDATION:

This form has been completed by:

Name: _____

Title: _____ Date: _____

How long have known the applicant: _____ In what capacity do you know them: _____

May we contact you if we have additional questions? _____

Email: _____ Phone: _____