



Beyond the Cure Ambassador Scholarship For College Aged Survivors of Childhood Cancer 2015 – 2016 Information & Application Form

Eligibility Requirements

Applicants must be:

- A childhood cancer survivor under the age of 25 and diagnosed before the age of 18 with cancer or a high grade or anaplastic brain tumor
- A citizen of the United States living within the country and attending school in the U.S.
- Accepted into a post-secondary school in the Fall 2015

Evaluation Criteria

This is a competitive application and all requirements carry weight in the review process. Not all applicants will receive a scholarship. Forty survivors will receive a \$3,500 scholarship for the 2015-2016 school year.

Required materials must be postmarked by March 31, 2015. **Incomplete, late or electronic submissions will not be accepted.**

Mail completed applications to:

**The National Children's Cancer Society
Beyond the Cure Ambassador Scholarship
500 North Broadway, Suite 800
St. Louis, MO 63102**

Applications Must Include the Following for Consideration

- Beyond the Cure (BTC) Ambassador Scholarship application completed in full
- Written essay as directed in the application
- Copy of the acceptance letter from the college, university or vocational/technical school applicant plans to attend in Fall 2015
- Written documentation from treating physician confirming cancer diagnosis, age and date of diagnosis, and treatment status
- Two letters of recommendation (only two will be accepted)

- **Official transcript(s)** with signature and/or official school seal
- Minimum 2.5 GPA
- Brief summary of community service
- Completed financial form that verifies financial status (pg. 7 of app.)

BTC Ambassador Scholarship Expectations

- Maintain an overall 2.5/4.0 GPA.
- Maintain full-time status defined as at least 12 units per semester or quarter. A note from the doctor is required if you are unable to maintain a 12 unit schedule.
- Provide updates on your progress during the school year. Recipient must send a copy of their grades including GPA at the end of each semester.
- Complete 15 hours of volunteer service as an Ambassador of The National Children’s Cancer Society (NCCS).

Recipients of a Beyond the Cure Ambassador Scholarship agree to become an ambassador for the NCCS. Ambassadors are individuals who are passionate about childhood cancer survivorship and are expected to raise awareness about the NCCS, its services and issues related to childhood cancer/survivorship.

Scholarship Renewals

Scholarship recipients under the age of 25 are eligible for a maximum of four scholarships. Renewal applicants must apply each year and scholarships are neither automatic nor guaranteed.

Scholarship Fund Disbursement

The scholarship award will be paid in equal amounts per semester directly to the college, university or vocational/technical school for the purpose of defraying tuition and additional fees or books. Awards must be used during the academic year in which they are granted. Any unused funds are to be returned to the NCCS.

Questions?

Please contact Pam Gabris, BSN, RN, Beyond the Cure Coordinator at 1-800-532-6459 or pgabris@theNCCS.org.

**Recipients will be notified by phone the first week of July, 2015.
Please no calls about award decisions!**

2015-2016 Beyond the Cure Ambassador Scholarship Application

All sections **MUST** be completed in order for the application to be considered. This form by itself is not a complete application package. Carefully check each section to make sure all requested information is provided

All applications must be postmarked by March 31, 2015.
Late or incomplete applications will not be considered

1. Applicant (Please type or print clearly)

_____ M ___ F ___
Last Name First Name Middle Initial Sex (circle one)

(___) (___)
Home Phone Cell Phone (if available) E-mail

Street Address

City State Zip

Date of Birth _____ Are you a U.S. Citizen? Yes ___ No ___

Ethnicity: ___ African American ___ Asian ___ White ___ Hispanic/Latino

Other (explain) _____

Diagnosis _____ Date of Diagnosis _____

2. School Information

- High school seniors: Submit official transcript(s) that includes final grades for all courses taken from 9th grade to your most recently completed semester of high school.
- Home schooled seniors: Send transcript of the courses completed with grades, GPA, supporting test scores (ACT OR SAT optional) and any other information that supports successful completion of high school curriculum.
- College students: Submit official transcript(s) that includes final grades for all courses taken from your freshmen year to your most recently completed semester. **If you have only completed one semester of college, you will need to send your official high school transcript along with the recently completed semester of college.**

These **MUST** have signature and/or official school seal. Unofficial transcripts will not be accepted. Please indicate if transcripts are being sent directly to the NCCS or included in the application packet.

___ Included ___ Sent Separate

Name: _____

Current School

School Name	School District (Public School only)	
() _____	() _____	
School Phone	School Fax (if Available)	
School Street Address		
City	State	Zip

Other Schools

Please list all other secondary (high school) and post-secondary (college/university) schools attended.

Dates enrolled	School	City/State	Grade(s) attended
Dates enrolled	School	City/State	Grade(s) attended
Dates enrolled	School	City/State	Grade(s) attended

3. Cancer Diagnosis

A letter from your treating physician confirming your cancer diagnosis **MUST** accompany your application packet and may **not** be used as a letter of recommendation. Please note: through the guidance of our medical advisory board the NCCS is only accepting applications from survivors of pediatric cancer, or high grade or anaplastic brain tumors.

The letter should be on your oncologist’s letterhead and include:

- When you were diagnosed – age and year
- Type of cancer
- Include date of last treatment and whether or not treatment is completed
- Include oncologist’s signature and daytime telephone number

Provide the following information about your oncologist submitting the letter to confirm your cancer diagnosis.

Name	Title	
() _____	() _____	
Affiliation (hospital or otherwise)	Phone	Fax

4. Reference Letters

Submit **two letters** (only two will be accepted) of recommendation (*Maximum 300 words*) from a non-related person such as: teacher, coach, community leader or medical professional. Letters must include how long and in what capacity they have known the applicant and general impression of the applicant. Have each reference include their name, address and phone number within the letter. Letters will become the property of the NCCS and may be used for future publications if a

Name: _____

Potential area of Study:

Are you currently accepted for admission? Yes___ No___
If yes, please provide a copy of acceptance letter.

If you have not received an acceptance letter at this time please indicate what stage you are in the application process:

In all areas where a signature or initials are required, both the applicant and a parent or guardian must sign if applicant is under the age of 18.

To certify that all statements contained in the application are true and the essay submitted was written by the applicant please sign below:

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

8. Submission Requirements

Individuals who receive a BTC Ambassador Scholarship will be required to electronically submit a high resolution photo. You may submit a photo during the application process to sdiekemper@theNCCS.org.

Initial here to authorize release of your name, photo and essay/ letters/ story for use by The National Children’s Cancer Society for promotional material and website.

Parent/Guardian_____ Applicant_____

By initialing here you are giving us authorization to share scholarship information with the institution you plan on attending in the fall of 2015.

Parent/Guardian_____ Applicant_____

Initial below that you have read and agree with the following statement

The applicants understand that the grant of the scholarship is subject to interpretation of the applications in the sole discretion of the committee and the extent by which the program is funded. The amount of funding will be discretionary with the management of NCCS. The applicants by their initials hereon acknowledge that they have read and understand all of the rules and requirements and agree to be bound by them. The decision of the committee is final and may not be appealed, and the program administrator shall make all decisions regarding compliance with the requirements after a scholarship has been awarded. The applicant agrees to be bound by any such decision without appeal.

Parent/Guardian_____ Applicant_____

Name: _____

Beyond the Cure Ambassador Scholarship Financial Need Form

If applicant is under the age of 18 or considered a dependent please provide parent/guardian tax information otherwise section to be completed by applicant.

Full Name _____

Applicant Name _____

Relationship(s) to Applicant _____

Information from your most recent tax return may be used.

<u>Current Income</u>	Student	Parent/Guardian
1. Adjusted gross income	\$ _____	\$ _____
2. Total US income tax paid	\$ _____	\$ _____
3. At this time, what is the current total balance of saving and checking accounts	\$ _____	\$ _____
4. Total number of family members	_____	
5. Total number of immediate family members who will be attending college at least part-time during the next academic school year	_____	

Expenses

1. What is your monthly mortgage/rent payment, Include utilities and phone? \$ _____
2. Do you have any other monthly debts or obligations such as credit card debt, loans, insurance or car payments? \$ _____
3. List the total amount of out of pocket medical expenses not covered by insurance you paid in the past year. \$ _____

Projected School Cost

1. How much will you be contributing to the applicant's educational expenses? \$ _____

Please sign to certify that all information on this form is true.

Signature: _____ **Date:** _____

Name: _____

Parent/Guardian Signature: _____ **Date:** _____
(if applicant is under 18 years of age)

Check List

ONLY COMPLETE APPLICATION PACKAGES WILL BE CONSIDERED

Please submit the application in the following order

- ___ Complete and sign Application Form. (Include applicant and parent/guardian signatures)
- ___ Letter from oncologist confirming diagnosis and the date and age at diagnosis.
- ___ Copy of an official transcript(s) as directed in **section #2** of the application. These documents must have a signature and/or official school seal. Unofficial or photocopied transcripts will not be accepted. Also, if applicable, please provide a copy of your collegiate acceptance letter.
- ___ Essay that follows the required formatting guidelines. Make sure your name is on the top right corner of each page.
- ___ Two letters of recommendation (Maximum 300 words) from individuals who are not related to you and have them include their name, address and phone number.
- ___ Financial need form.
- ___ **Please type or print your name clearly in the top right hand corner of each page of the application package, submit in the order listed and do not staple pages together.**
- ___ Submit the entire application package together in one envelope. **No faxes will be accepted.**

DEADLINE – A complete application package must be postmarked by March 31, 2015

**Mail to: The National Children’s Cancer Society
Beyond the Cure Ambassador Scholarship
500 North Broadway, Suite 800
St. Louis, MO 63102**