



## Beyond the Cure Ambassador Scholarship For College Aged Survivors of Childhood Cancer 2025 – 2026 Information & Application

Mail completed applications to:  
**The National Children's Cancer Society  
Beyond the Cure Ambassador Scholarship  
2900 Frank Scott Parkway W., Suite 928  
Belleville, IL 62223**

### General Information

The Beyond the Cure (BTC) Ambassador Scholarship award is a competitive application process. A scholarship is worth \$3,500. Not all applicants will receive a scholarship.

Required materials must be postmarked by **March 31, 2025**. **Incomplete, late or electronic submissions will not be accepted.**

### Eligibility Requirements

- 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
- Citizen of the United States living within the country and attending school in the U.S.
- Attending an accredited post-secondary or graduate school in the fall of 2025
- 2.5 minimum GPA

### Evaluation Criteria

#### Application must include the following:

- This is a competitive application process and all requirements carry weight in the review process. Not all applicants will receive a scholarship. Fifty survivors will receive \$3,500 scholarships for the 2025-2026 school year.
- Fully completed Beyond the Cure (BTC) Ambassador Scholarship application
- Written essay as directed in application
- **If available**, copy of the acceptance letter from the college, university, or vocational/technical school applicant plans on attending in fall 2025
- Written documentation from a medical professional confirming cancer diagnosis, age and date of diagnosis
- Official transcript(s) with **signature and/or official school seal (no photocopies)** and **include all grades up to December 2024**. We prefer that your transcripts accompany your application. If this is a problem, please contact us. **(Keep in mind when your school has spring break since they may be closed at some point during the month of March.)**

### Questions?

Please contact Shelly Schuetz at [sschuetz@theNCCS.org](mailto:sschuetz@theNCCS.org).

**Recipients will be notified by phone the first week of July 2025.  
Please no calls about award decisions!**

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

**ALL APPLICATIONS MUST BE POSTMARKED BY March 31, 2025.  
Late or incomplete applications will not be considered.**

**Applicant**

Applicant's Name (first, middle, last) \_\_\_\_\_  Male  Female  
 Ethnicity (check all that apply):  African American  Asian  White  Hispanic/Latino  
 Other (explain) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Are you a U.S. citizen?  Yes  No  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Landline Phone # (\_\_\_\_\_) \_\_\_\_\_ Applicant's Cell Phone # (\_\_\_\_\_) \_\_\_\_\_  
 Applicant's Email \_\_\_\_\_

**School Information**

- **High School Seniors:** Submit official transcript(s) that includes final grades for all courses taken from 9<sup>th</sup> grade to the most recently completed semester of high school along with GPA
- **Home Schooled Seniors:** Send transcript(s) of the courses completed with grades, GPA, supporting test scores (ACT or SAT optional) and any other information that validates successful completion of high school curriculum
- **College Students:** Submit official transcript(s) that includes final grades for all courses taken from freshmen year to the most recently completed semester along with GPA  
*(If only one semester of college has been completed, an official high school transcript AND college semester transcript IS required.)*
- **All transcripts MUST have signature and/or official school seal and include all grades UP TO December 2024. Unofficial transcript(s) or photocopied transcript(s) will not be accepted.** We prefer that your transcripts accompany your application. If this is a problem, please contact us.

**(Keep in mind when your school has spring break since they may be closed during at some point during the month of March.)**

Please indicate if transcript(s) are being sent directly to the NCCS or included in the application packet. **(We highly recommend you confirm with your school that they mailed it.)**  Included  Sent Separately

**Current School**

School Name \_\_\_\_\_ School Phone # (\_\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 School's GPA grade scale:  4.0  5.0  6.0

**Other Schools**

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

Dates Enrolled	School	City/State	Grade(s) Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant name \_\_\_\_\_

**Cancer Diagnosis**  
**(MUST BE COMPLETED/FILLED OUT)**

**A letter from a medical professional** confirming your cancer diagnosis **MUST** accompany your application packet. If the diagnosis is a brain tumor, the letter **MUST** state the grade of the brain tumor. Applicants **MUST** have been diagnosed on or before his/her 18<sup>th</sup> birthday to be eligible.

The letter should be on letterhead and include:

- **Applicant's age and year of diagnosis**
- **Type of cancer**
- **Medical professional's signature and daytime phone number**

Diagnosis \_\_\_\_\_ Date of diagnosis (m/d/yyyy) \_\_\_\_\_

Professional's Name \_\_\_\_\_ Title \_\_\_\_\_

Affiliation (hospital or otherwise) \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

**Please note: Per the NCCS Medical Advisory Board, applications will only be accepted from childhood cancer or high grade or anaplastic brain tumors survivors.**

**Essay**

*At the NCCS we believe you become a cancer survivor from the time you are diagnosed through the remainder of your life. **How has your childhood cancer experience affected your perspective on life and how has that perspective impacted your future goals? (Essay must answer/address this question.)***

Format requirements:

- Typed, double spaced
- 12 pt. Times New Roman or Arial font
- One inch margins
- Minimum length of one full page but no more than two pages
- Include applicants name at the top right corner of each page
- The essay will become the property of the NCCS and may be used for future publications/promotional materials should a scholarship be awarded

**Community Service**

Please list any community service you have been involved with and the dates in which you participated. (Additional sheets may be attached if necessary.)

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**College, University, or Vocational/Technical School**

Please submit the name of the college, university or vocational/technical school applicant will be or currently is attending in fall 2025:

\_\_\_\_\_ or  **Haven't committed yet**

If currently attending high school, is applicant accepted for admission?  Yes  No

Applicant name \_\_\_\_\_

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

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Requirements**

Accepted BTC Ambassador Scholarship recipients will be required to electronically submit a high resolution photo at a later date.

Applicant **and/or** parent/guardian authorizes the NCCS to use applicant's name, photo and essay/letters/story in electronic and digital publications and other promotional purposes  
**Initial below.**

Applicant \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Applicant **and/or** parent/guardian authorizes the NCCS to share scholarship information with the institution applicant will be attending in fall 2025. **Initial below.**

Applicant \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

The **applicant** understands that the grant of the scholarship is subject to interpretation of the application 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. Scholarship recipients under the age of 25 are eligible for a maximum of four scholarships. Renewal applicants must submit a new application each year and scholarships are neither automatic nor guaranteed. **The applicant by their initials hereon acknowledges 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. **Initial below.**

Applicant \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

**Scholarship Disbursement**

The scholarship award will be paid in equal amounts per semester directly to the college/university/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 must be returned to the NCCS.



## Beyond the Cure Ambassador Scholarship Financial Need Form (Must be completed)

***To be completed by applicant unless under the age of 18 or considered a dependent.  
If a dependent, parent/guardian tax information must be provided.***

Applicant Name (first, middle, last) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship(s) to Applicant \_\_\_\_\_

**Information from your most recent tax return may be used.**

**Current Income**

	<b>Student</b>	<b>Parent/Guardian</b>
1. Adjusted gross income.	\$ _____	\$ _____
2. Total U.S. income tax paid (line 25a of your 1040) (if you haven't filed yet, use last year's income tax paid)	\$ _____	\$ _____
3. At this time, what is the current total balance of savings 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, including 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 (parent/guardian) be <b>contributing</b> to the applicant's educational expenses? (approximately; as if applicant is not receiving any scholarships)	\$ _____
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**Please sign to verify that all information on this form is true.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicant is under 18 years of age)



## Beyond the Cure Ambassador Scholarship Check List

Please submit the application in the following order:

- Complete and sign application (pages 2-4). (Include applicant and parent/guardian signatures)
- Letter from a medical professional confirming the diagnosis and date/age at diagnosis
- Official transcript(s) as directed in the School Information section of the application

***These documents MUST have a signature and/or official school seal along with GPA and include all grades UP TO December 2024. Unofficial or photocopied transcripts will not be accepted.*** We prefer that your transcripts accompany your application. If this is a problem, please contact us.

**(Keep in mind when your school has spring break since they may be closed at some point during the month of March.)**

**ONLY send test scores if you are home schooled.**

- Essay that follows the required formatting guidelines:
  - **Typed, double spaced**
  - **12 pt. Times New Roman or Arial font**
  - **One inch left, right, top and bottom margins**
  - **Minimum length of one full page but no more than two pages**
  - **Include applicant's name at top right corner of each page**
- Financial Need form (page 5)
- Type or print applicant's name at the top right hand corner of each page of application package; submit in same order as application sections; do NOT staple or paperclip pages together**
- Submit the entire application package in one envelope; **no faxes or emails**

**Do NOT send the following:**

copies of tax returns or letters of recommendations

**DEADLINE: A complete application package must be postmarked by  
March 31, 2025**

**ONLY COMPLETED APPLICATION PACKAGES WILL BE CONSIDERED**

**Mail to:**

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Beyond the Cure Ambassador Scholarship  
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