

# 2012 Youth Scholarship Program

## For Young People Who Are Cancer Patients/Survivors

Midwest Division (Iowa, Minnesota, South Dakota & Wisconsin)



### Awards

A limited number of scholarships will be awarded this year for students enrolled in an Institution (University, College, Technical or Vocational School). The awards will be paid directly to the Institution of choice and will supplement the Fall 2012 semester tuition costs. A notification letter will be mailed out to ALL applicants, both recipients and non-recipients the second week of May.

### Eligibility Guidelines

You are eligible to apply for an American Cancer Society Youth Scholarship if you:

- Were diagnosed with cancer before the age of 21.
- Are under the age 25 at the time of application.
- Are a legal resident of Iowa, Minnesota, South Dakota or Wisconsin for at least one year.
- Have been accepted to attend an accredited two to four year Institution (University, College, Technical or Vocational School).
- Have completed the application process.
- Provided your EFC score (page 3 of the application) for financial assessment of need or enter n/a if not applicable.

### Application Process

The American Cancer Society Youth Scholarship Program Volunteer Review Committee will select scholarship recipients on the basis of their commitment to academic or vocational goals, current financial need, leadership, and community service. Preference will be given to first time scholarship applicants.

1. Complete the application form, including physician verification statement. **ALL** sections of the application must be completed to ensure appropriate rating.
2. Enclose one letter of recommendation from a school, business or medical professional.
3. Complete the essay (see application form).
4. Include a recent individual photo (no photocopies, please).
5. NO staples please. Make sure your name is legible on the top of each page of the application

**Mail or email the application to:**  
***American Cancer Society, Midwest Division***  
**Attn: Youth Scholarship Program**  
**8317 Elderberry Rd**  
**Madison, WI 53717**  
**Email: [tiffany.carlson@cancer.org](mailto:tiffany.carlson@cancer.org)**

**Deadline for all applications is: March 15, 2012**

The American Cancer Society may use essays and photographs, in part, for future promotional material. For more information or to obtain additional applications, please call 1.877.423.9123 ext. 7581

**2012 Youth Scholarship Program**  
**For Young People Who Are Cancer Patients/Survivors**  
*Midwest Division (Iowa, Minnesota, South Dakota & Wisconsin)*



***Application Form***

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
(mm/dd/yyyy)

Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip	County
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Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Type of cancer diagnosed/site: \_\_\_\_\_  
(mm/dd/yyyy)

How long have you been a WI/IA/MN/SD resident? yr(s)

High School: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Institution you plan to attend: \_\_\_\_\_  
(University, College, Technical or Vocational School)

**Application deadline is March 15, 2012. All requested information must be completed and all supporting documents must be mailed to the address below to be received by the American Cancer Society no later than March 15, 2012 or the application will be disqualified.**

**Mail to:**

American Cancer Society  
Attn: Youth Scholarship Program  
8317 Elderberry Rd  
Madison, WI 53717

**Enclosure Checklist:**

- Completed application **with physician verification**
- Letter of recommendation (i.e. reference from work, physician, or school)
- Recent **individual** photograph (no photocopies, please)

The information in this application is accurate to the best of my knowledge. I understand that the American Cancer Society, Midwest Division, may use my photo and portions of my essay for promotional material. If I am selected as a recipient, I understand that I may be asked to participate in one American Cancer Society activity\* within one year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\* An ACS activity may include participating in an American Cancer Society Relay For Life event, Colleges Against Cancer, or sharing your story ACS event(s), for example. Participation will be based on events and availability.

Applicant's Name: \_\_\_\_\_

Intended Major or Area of Study: \_\_\_\_\_

Address of the Institution you plan to attend:

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Date of enrollment (or anticipated enrollment) in Institution: \_\_\_\_\_

Yearly tuition costs: \_\_\_\_\_ Anticipated scholarships: \_\_\_\_\_

**Assessing financial need:**

1. What is your annual household income, including all earners in your household?

Under \$15,000

\$50,000-\$74,999

\$15,000-\$24,999

\$75,000-\$99,999

\$25,000-\$49,999

\$100,000+

2. Including yourself, how many people are in your household? \_\_\_\_\_

3. How many people in your household are under the age of 18? \_\_\_\_\_

4. What is your expected family contribution (EFC) from your FAFSA (Free Application for Federal Student Aid)? \_\_\_\_\_

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**Essay:** Please choose **ONE** of the essay questions below (attach additional pages if necessary)

1. Has being diagnosed with cancer affected your career choice? Why or why not? What you hope to accomplish with your college degree in the next 10-15 years.

2. Describe how you have demonstrated leadership ability both in and out of school as well as your most meaningful achievements and how they relate to your field of study and your future goals.

3. Choose an experience from your own life and explain how it has influenced your development.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Applicant Name: \_\_\_\_\_

High School Grade Point Average (based on 4.0 scale): \_\_\_\_\_

Community involvement (clubs, volunteer work, etc.):

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School involvement and activities (clubs, sports, volunteer work, leadership roles):

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**Employment History:**

Name of Employer	Position or Type of Work	Length of Employment

Anything else you would like us to know about you: \_\_\_\_\_

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**2012 Youth Scholarship Program  
Physician Verification Form**



Applicant's Name: \_\_\_\_\_

Age at time of cancer diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Type of cancer diagnosed/site: \_\_\_\_\_  
(mm/dd/yyyy)

Length of treatment (also include any recurrences): \_\_\_\_\_

**Physician Verification Statement**

Physician (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Please return this form **no later than March 15, 2012** to:

American Cancer Society  
Attn: Tiffany Carlson  
8317 Elderberry Rd  
Madison, WI 53717  
Phone: 608.662.7581