



YOUNG CANCER SURVIVOR SCHOLARSHIP PROGRAM

2005-2006

American Cancer Society, California Division, Inc.
1710 Webster St. • Oakland, California • 94612

The Young Cancer Survivor Scholarship Program

The American Cancer Society, California Division, Inc.'s Young Cancer Survivor Scholarship Program is a scholarship program that awards stipends of *up to \$5000 per academic year* to college bound or enrolled young cancer survivors in need of financial aid. The awards are to be used for tuition-related expenses, fees, books and required supplies at accredited 2 or 4 year undergraduate institutions of higher education located *in California*.

Why is the American Cancer Society, California Division, Inc. offering a Young Cancer Survivor Scholarship Program?

The Young Cancer Survivor Scholarship Program progresses the California Division's goal of improving the quality of life of cancer patients and their families by:

- ✓ improving the capacity of young cancer survivors to attend college,
- ✓ reducing the financial impact of college attendance on the cancer survivor's family.

Who is eligible to apply for the Young Cancer Survivor Scholarship Program?

College bound or enrolled students who are:

- ✓ cancer survivors diagnosed before age 18
- ✓ age 25 or younger at the time of application
- ✓ demonstrate financial need
- ✓ California residents
- ✓ planning to attend or attending a 2 or 4 year accredited undergraduate institution of higher education in California.

What restrictions are there on the use of Young Cancer Survivor Scholarships?

Scholarships may be used for enrollment and attendance tuition, fees, books, and supplies required for course instruction in accredited undergraduate institutions of higher education located in California. Scholarship awards are determined by the individual's school based on demonstrated financial need and are paid directly to the institution. Awards must be used during the academic year in which they are granted.

What is expected of Young Cancer Survivor Scholarship recipients?

- ✓ Scholarship recipients are expected to demonstrate behavior consistent with the American Cancer Society's Volunteer and Staff Code of Ethics
- ✓ Scholarship recipients are required to serve a minimum of twenty-five volunteer hours with the American Cancer Society. Opportunities for volunteerism include:
 - Serving as an ACS spokesperson
 - Interning at Discovery Shops
 - Participating in fundraising / awareness events such as Relay for Life; Daffodil Days
 - Participating in marketing and communications projects such as internet, media and creative services
 - Legislative advocacy
 - Providing mentorship/guidance to ACS Service Clubs
 - Helping to initiate or maintain Colleges Against Cancer programs
 - Many more!
- ✓ Scholarship recipients may be asked to communicate with American Cancer Society donors and/or program administrators.
- ✓ Scholarship recipients are expected to attend a scholarship awards reception sponsored by the California Division.

What criteria are used in evaluating Young Cancer Survivor Scholarship applications?

- ✓ financial need
- ✓ determination, motivation and educational goals
- ✓ academic requirements (minimum 2.5 GPA)
- ✓ community service

In addition to financial need and basic academic requirements, the evaluation panel is interested in the applicant's educational and career plans, life philosophy and volunteerism, motivation and determination. Applicants are asked to describe these through three short essays.

Renewal of Scholarship Awards

Applicants awarded scholarships are eligible to reapply to the program for up to four years from the initial academic award period. Renewal applicants must submit a separate Renewal Application available from the Division office. A previous award recipient is NOT guaranteed a renewal of a scholarship award.

** Due to limited resources, the American Cancer Society is not able to award scholarships to all young cancer survivors who apply.



2004-2005 APPLICATION PROCEDURES

American Cancer Society, California Division, Inc.
Young Cancer Survivor Scholarship Program

1) Application Form

All information on the 2004-2005 Application Form must be completed for your application to be considered. You may use photocopies of these forms. If any information or items are missing, your application will not be considered. For a neater application input information electronically, print out the form and send according to instructions below. You will not be able to save the application.

2) Free Application for Federal Student Aid (FAFSA)

STUDENT AID REPORT (SAR) you receive based on the information you provided in your FAFSA Student Aid Report is the report you receive after you submit your FAFSA. For more information about receiving a free FAFSA, visit www.fafsa.ed.gov or call 1-800-4-FED-AID / TTY 1-800-730-8913. PLEASE DO NOT SEND YOUR COMPLETED FAFSA.

3) Personal Statements

Please answer questions a, b, and c. Each answer should not be longer than 250 words, must be typed, and clearly labeled with the corresponding titles: "Goals," "Life Experience," or "Community Service." Use your own voice and writing style. **Include your complete name in the upper right hand corner of each page. Incomplete, missing, or unmarked essays will inactivate your application.*

a. Goals

Describe your education and/or training plans immediately following high school and describe possible career goals/plans.

b. Life Experience

Please describe how courage, self-reliance and/or determination have affected your life to this point and how you feel life experiences can help prepare you to reach your future goals.

c. Community Service

Describe any volunteer work you have done to benefit individuals, groups, nonprofit organizations, agencies, schools or the community at large. Include mention of any awards or recognition received.

4) Reference Letters

Please include a total of 3 reference letters. Letter writers **must** complete the grid on the enclosed recommendation form. *Please photocopy this recommendation form and distribute one to each letter writer. Letter writers should answer the qualitative questions on a separate page and submit both the grid form and the qualitative answers to you in a sealed envelope **with the writer's signature across the seal**. Letters of reference from family members will not be accepted.

- One form and letter must be from a member of your comprehensive health treatment team. This person must use professional letterhead to answer the qualitative questions.
- One form and letter must be from one of your academic subject teachers/professors.
- One form and letter must be from an adult (over 21) who is **NOT** a relative.

Letters must be included with your application materials. They should not be sent separately.

5) Official Grade Transcripts

You must submit an official transcript(s) showing final grades for **all courses taken from 9th grade to the present** (high school and college coursework) as well as any coursework in progress. These documents must be included in your application package and **MUST** have official signatures and/or a school seal. Unofficial transcripts will not be accepted.

6) Proof of Cancer Diagnosis

A letter from your oncologist confirming your cancer diagnosis **MUST** accompany your application packet. The letter should:

- be written on your oncologist's letterhead,
- include the type of cancer with which you were diagnosed,
- **include the last treatment date** and whether or not treatment is completed,
- include your oncologist's signature and daytime telephone number.

The content of this letter can be incorporated into the required letter of reference from one of your comprehensive health team members so long as all items for both the proof of diagnosis and the letter of reference requirements are met.

7) Preparing your Application Package

All portions of the application package must be complete, submitted under one cover, and must be received by April 29, 2005 for the application to be considered.

Assemble your application package as follows:

- 1) Application Form
- 2) Student Aid Report (SAR) – *not the FAFSA*
- 3) Three Personal Statements
- 4) Reference Forms and Letters (3)
- 5) Official Transcript(s)
- 6) Proof of Cancer Diagnosis
- 7) Self-addressed, Stamped Postcard

8) Deadline

All applications must be complete and received no later than April 29, 2005. Use adequate postage and allow enough time for it to reach the address below. Send your application in a 9x12 envelope to:

Young Cancer Survivor Scholarship Program
American Cancer Society, California Division, Inc.
1710 Webster Street, Oakland, California 94612
Attn: Tony Daquipa

Late or incomplete applications will not be considered.

9) Notification

Place a stamp and your address on the enclosed postcard and include it with your application package and you will be notified that we have received your complete application.



5) Reference Letters (3)

Please include the contact information of the individuals who are writing letters in support of your application. This section MUST be completed in full with all requested information provided.

• Member of Comprehensive Health Treatment Team

Name	Title ()	()
Affiliation (hospital, organization or otherwise.)	Phone	Fax

• Academic Teacher

Name	Title ()	()
School	Phone	Fax

• Other Adult (NOT a relative)

Name	Title ()	()
Affiliation (hospital, organization or otherwise.)	Phone	Fax

6) Cancer Diagnosis

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

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

7) College or University

Name of California college or university you plan to attend: _____

Are you currently accepted for admission? Yes ___ No ___

If not, when do you expect to be notified of acceptance? _____

Potential area of study _____

How did you learn about the Young Cancer Survivor Scholarship Program? _____

8) Signature(s)

I submit that the information on this form and contained in my application package is true and correct to the best of my knowledge as evidenced by these signatures.

Applicant's Signature	Date ()	Applicant's Social Security Number
Parent/Guardian's Name if applicant is under 18	Daytime Phone of Parent/Guardian	
Parent/Guardian's Signature if Applicant is under 18	Date	



LETTER OF REFERENCE FORM

American Cancer Society, California Division, Inc.
Young Cancer Survivor Scholarship Program
1710 Webster Street · Oakland, California · 94612

Applicants must photocopy this form and provide one to each of the letter writers. All letter writers MUST complete this form and submit an additional document with answers to the qualitative questions. Letter writers should return both documents to the applicant in a sealed envelope with the letter writer's signature across the seal. These letters should be included in your complete application packet. *Incomplete letters (quantitative and qualitative portion missing) or unsigned letters will not be accepted and will deem the application ineligible for review.*

A. Applicant (To Be Completed by Student)

()

Last Name First Name Home Phone

This letter of recommendation is from (Please check one.):

- Comprehensive Health Treatment Team Member
- Academic Instructor
- Other Adult

B. Letter Writer (To be completed by letter writer)

Name of Letter Writer Title

Affiliation (organization, school, hospital or otherwise)

() ()

Phone Fax E-mail

C. Grid (Quantitative portion of Letter of Reference)

Please rate the student on the following criteria by marking an X in the appropriate box, only one box per criterion.

Criteria	1 Weak	2 Average	3 Excellent	4 Outstanding	Unable to Evaluate
Academic Motivation					
Academic Potential					
Creativity					
Self Discipline					
Leadership					
Initiative					
Reaction to Setbacks					
Analytical Ability					
Oral Communication					
Classroom Participation					
Written Communication					
Independence					
Problem Solving					
Overall Impression of Candidate					

D. Qualitative Questions: Please answer the following questions *on a separate page*. Please include the student's name on any separate pages. Please be candid in your answers. Answers must be typed and clearly labeled. The comprehensive health treatment team member should use letterhead to answer these questions. Please include your answers to these questions and this complete form in a single envelope with your signature across the seal.

- a. For how long and in what capacity have you known the candidate?
- b. What is your general impression of the candidate? In you opinion, has the candidate exhibited/demonstrated a commitment to volunteer service?
- c. Based on your knowledge of this person, is the candidate prepared to succeed in a college or university setting? Why?