

Great West Division, Inc.
Cancer Survivor College Scholarship Program

Dear Scholarship Applicant:

The Great West Division of the American Cancer Society has established a scholarship program to give young cancer survivors the opportunity to pursue their post-secondary education from an accredited university, community college or vocational technical school.

The scholarship program is designed to ease the financial and emotional hardships associated with fighting cancer and to assist young cancer survivors in reaching their academic potential and fulfilling career dreams.

Enclosed is your application packet. Please follow the application directions and checklist carefully to ensure that you have enclosed all the required documents. **Only complete application packets received no later than February 26, 2010 will be considered.**

Due to limited resources, the American Cancer Society may not be able to award scholarships to all cancer survivors that apply. American Cancer Society volunteers and staff will review applications through April, and recipients will be announced in May 2010.

If you have any questions while filling out the application packet please call 866-500-3272.

We wish you the best of luck in your academic pursuits.

Sincerely,

Lora Baker
American Cancer Society
Great West Division, Inc.



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by finding cures, and by fighting back.

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FACT SHEET

WHAT:

The American Cancer Society Cancer Survivor College Scholarship Program gives young cancer survivors the opportunity to pursue their post-secondary education from an accredited university, community college, or vocational technical school.

ELIGIBILITY:

- Must be diagnosed with cancer before the age of 21. Applicants must be age 25 or younger at the time of application.
- Scheduled to graduate from high school and/or continuing college in the upcoming school year.
- Must be a U.S. citizen and a resident of Alaska, Arizona, Colorado, Idaho, Montana, North Dakota, New Mexico, Nevada, Oregon, Utah, Washington or Wyoming.
- Accepted without condition to an accredited university, college, community college or vocational technical school.
- Must have a 2.5 GPA or above.
- Must become a full time student at an accredited university, college, community college or vocational technical school in the upcoming academic year.

Only those applicants who meet all of these eligibility requirements will be considered for scholarship awards.

AWARD:

The American Cancer Society Cancer Survivor College Scholarship program provides an award of \$2,500. Recipients can apply multiple years for a possible lifetime award of up to \$10,000 per student. After the initial award, scholarship renewal in subsequent years is based on successfully meeting program eligibility requirements, continuous academic achievement, and level of commitment as an American Cancer Society volunteer.

Due to limited resources, the American Cancer Society may not be able to award scholarships to all cancer survivors that apply.



CRITERIA FOR SELECTION:

All scholarships are awarded at the discretion of the American Cancer Society volunteer scholarship committee, and are based on the following weighted criteria:

- Financial Need: (50% weight) – Based on a composite of family/student income and assets, number in household, unpaid medical bills, others in the family attending college and other scholarships/grants.
- Community Service/Activities: (20% weight) – Based on a composite of extracurricular activities, community involvement, any honors or awards received, and involvement with the American Cancer Society.
- Goals and Leadership Essay: (20% weight) – Based on a composite of long-term career plans, determination to reach goals, expression, and organization of thought.
- Letters of Recommendation: (10% weight) – Based on a composite of the three provided recommendations.

REQUIREMENTS FOR SCHOLARSHIP RENEWAL:

- Complete the application as outlined in the application packet. Be sure to include a new essay, and three letters of recommendation.
- Volunteer with the American Cancer Society in college for at least 25 hours per calendar year and submit completed Student Volunteer Form with application.
- Maintain a minimum GPA of 2.5 or above.
- Be a full time student at an accredited university, college, community college or vocational technical school.

A previous award recipient is NOT guaranteed renewal of a scholarship award.



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APPLICATION DIRECTIONS

Application packets can be requested by calling 866-500-3272. Completed applications must be received no later than **February 26, 2010** and enclosed with the following information:

- Three letters of recommendation, including one from a teacher or school counselor and one from a physician.
- Essay of 500 words or less stating how a scholarship from the American Cancer Society will help further your academic career. Include your educational, occupational, and personal goals in the essay. Typewritten essays are strongly preferred.
- A copy of your academic transcripts from grades 9-12 and if applicable, your college/university academic transcripts.
- Letter of acceptance to an accredited university, college, community college, or vocational technical school (when available).
- The American Cancer Society Financial Aid Form.
- Copy of the first two pages of your parents' (and yours if you were employed) 2008 IRS tax form.
- Completed Student Volunteer Form (only past recipients re-applying for scholarship).

Please include your name on each page of each document submitted.

Only complete applications will be considered.

Send completed applications to:

American Cancer Society
Attn: Randi Cress
920 N Washington Suite 200
Spokane WA 99201



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APPLICATION
2010/2011 Academic Year
Received no later than February 26, 2010

Name _____

Address _____
Street City State ZIP

Telephone _____ Date of Birth _____

E-mail Address _____

Are you a U.S. citizen? Yes No

Are you a permanent resident of Alaska, Arizona, Colorado, Idaho, Montana, North Dakota, New Mexico, Nevada, Oregon, Utah, Washington, or Wyoming? Yes No

Type of Cancer _____ Date of Diagnosis _____

Cancer Site (if applicable) _____

Have you completed treatment? Yes No

If yes, when was your last treatment? _____

List any long-term effects from treatment _____

Have you received a scholarship from the American Cancer Society before? Yes No

When will you graduate from high school? _____

List all secondary schools attended, including current (graduating) school:

| <u>School</u> | <u>Dates enrolled</u> | <u>City/State</u> | <u>Grade attended</u> |
|---------------|-----------------------|-------------------|-----------------------|
|---------------|-----------------------|-------------------|-----------------------|



College/university/school you plan to attend _____

Have you been accepted for admission? Yes No

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

What year will you be in college in 2009/10?

- First (never previously attended college) First (previously attended college)
 Second Third Fourth Fifth or more undergraduate

Where do you plan to live? on campus off-campus (not home) home
 not sure other _____

What is your high school or college grade point average? _____

List any school related activities, volunteering/community service or employment.

List your personal interests and hobbies outside of school.

Briefly state your reasons for needing this scholarship.

Estimated total cost of tuition and books in 2010/2011 _____

Essay: Write an essay (500-word maximum) stating how a scholarship from the American Cancer Society will help further your academic career. Include your educational, occupational, and personal goals in the essay.

How did you hear about the American Cancer Society Cancer Survivor College Scholarship Program? Physician/Hospital Staff High School Media – Newspaper or TV
 Friend/Family Internet American Cancer Society Volunteer or Staff Other



FINANCIAL AID FORM

Note: You must attach a copy of the first two pages of your parents' (and yours if you were employed) 2008 IRS tax form, either 1040, 1040A, or 1040 EZ.

Student Name _____

STUDENT INCOME

Student's Adjusted Gross Income in 2008 _____

Student's untaxed income/benefits in 2008 _____

Will the student work during the summer and/or 2010/2011 school year? Yes No

Student's **expected** summer (2010) and school year (2010/2011) income _____

Please list any outstanding medical bills not covered by insurance.

Other scholarships or grants received (please list name of scholarship, the amount and term of scholarship).

STUDENT ASSETS

Total cash, savings, checking account balances \$ _____

Total value of all investments \$ _____



FAMILY INFORMATION

List all family members living in your household, other than yourself. Please indicate their relationship to you (parent, brother, sister, etc.). Indicate if any other family members are attending college, and the name of the college.

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> | <u>Attending College</u> |
|-------------|------------|---------------------|--|
| _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PARENTS' INFORMATION

How much do the parents named below plan to contribute to the student's education for the 2010/2011 school year? \$_____

Check one: () Father () Stepfather () Legal Guardian () Other

Name _____ Age _____

Occupation _____ Self-Employed Yes No

Employer _____ Number of years _____

Check one: () Mother () Stepmother () Legal Guardian () Other

Name _____ Age _____

Occupation _____ Self-Employed Yes No

Employer _____ Number of years _____



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PARENTS' ASSETS

Total cash, savings, checking account balances _____

Total value of all investments _____

Value of home (renters write in "0") _____ What is owed on it? _____

Other real estate _____ What is owed on it? _____

Are there any special financial circumstances that you would like to add?

Note: You must attach a copy of the first two pages of your parents' (and yours if you were employed) 2008 IRS tax form, either 1040, 1040A, or 1040 EZ.



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Return to:
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Attn: Randi Cress
920 N. Washington, Ste. 200
Spokane, WA 99201

TEACHER OR SCHOOL COUNSELOR RECOMMENDATION

This recommendation is for a scholarship sponsored by the American Cancer Society for young cancer survivors in Alaska, Arizona, Colorado, Idaho, Montana, North Dakota, New Mexico, Nevada, Oregon, Utah, Washington, and Wyoming. A committee of volunteers will evaluate each applicant to determine winners. Your comments will help provide a more complete picture of the student for the committee's consideration. Thank you for your assistance.

Name of Scholarship Applicant _____ Date _____

Directions: The following is to be completed by the person making the recommendation and attached to a letter of recommendation.

What are the first three words that come to mind in describing the applicant?

In comparison with other students you have known, please rate the applicant by circling a number from 1 to 5 (5 is the highest rating you can give).

| QUALITY | RATING | |
|-------------------------|-----------|---|
| Academic Motivation | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Academic Potential | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Creativity | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Self Discipline | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Leadership | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Initiative | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Reaction to Adversity | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Analytical Ability | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Oral Communication | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Classroom Participation | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Written Communication | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Independence | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Problem Solving | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |

Your Name _____

Work Phone _____ Home Phone _____

Relationship to applicant _____

Signature



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PHYSICIAN RECOMMENDATION

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Name of Scholarship Applicant _____ Date _____

Date of Diagnosis _____

Personal Comments

In comparison with other students you have known, please rate the applicant by circling a number from 1 to 5 (5 is the highest rating you can give).

| QUALITY | RATING | |
|-----------------------|-----------|---|
| Creativity | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Self Discipline | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Initiative | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Reaction to Adversity | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Oral Communication | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Independence | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Problem Solving | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |

Your Name _____

Work Phone _____ Home Phone _____

Signature



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RECOMMENDATION

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Name of Scholarship Applicant _____ Date _____

Directions: The following is to be completed by the person making the recommendation and attached to a letter of recommendation.

What are the first three words that come to mind in describing the applicant?

In comparison with other students you have known, please rate the applicant by circling a number from 1 to 5 (5 is the highest rating you can give).

| QUALITY | RATING | |
|-------------------------|-----------|---|
| Academic Motivation | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Academic Potential | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Creativity | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Self Discipline | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Leadership | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Initiative | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Reaction to Adversity | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Analytical Ability | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Oral Communication | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Classroom Participation | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Written Communication | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Independence | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |
| Problem Solving | 1 2 3 4 5 | <input type="checkbox"/> no basis for judgement |

Your Name _____

Work Phone _____ Home Phone _____

Relationship to applicant _____

Signature



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Cancer Survivor College Scholarship Program

APPLICATION CHECK LIST

Have you enclosed:

- ❑ Completed Application Form?
- ❑ Three recommendations (including one from a teacher or school counselor, one from a physician)?
- ❑ Goal statement/essay of 500 words or less?
- ❑ Copy of your academic transcripts from grades 9-12 and, if applicable, your college/university academic transcripts?
- ❑ Letter of acceptance to a post-secondary institution?
- ❑ The American Cancer Society Financial Form?
- ❑ Copy of the first two pages of your parents' (and yours if you were employed) 2008 IRS tax form?
- ❑ Completed Student Volunteer Form? (Only past recipients re-applying for scholarship.)

This form and attachments must be received no later than **February 26, 2010**. Only complete applications will be considered.

Send applications to: American Cancer Society
Attn: Randi Cress
920 N Washington, Suite 200
Spokane WA 99201

Recipients will be notified in May 2010. Payments will be sent directly to student's school.



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