



## Young Survivor Scholarship Program APPLICATION DIRECTIONS

**The American Cancer Society's College Scholarship Committee will only consider ON TIME and COMPLETE applications.**

Please complete the Application and enclose the following 7 items of information:

**PLEASE WRITE YOUR NAME ON EACH DOCUMENT YOU SUBMIT**

**1. Two completed letters of recommendation** – Give the Letter of Recommendation Request form to: a) one of your teachers referencing your academic qualities and, b) someone you know (not related to you) referencing your personal qualities.

These letters will remain confidential. **Have your references complete these letters, seal them in envelopes and return them to you for inclusion in the application packet.**

**2. A letter from your doctor** – Please include a letter from your physician confirming your diagnosis of cancer. This letter must be on his/her own letterhead and may not serve as a letter of recommendation

**3. A completed American Cancer Society Financial Aid Form (enclosed)** – As an alternative, you may have a College Scholarship Service (CSS) Financial Aid Profile sent directly to the American Cancer Society, to arrive no later than **Tuesday, April 17, 2007**. On your application, indicate that CSS is sending a Financial Aid Profile.

**4. A copy of the student and parents' previous year's (2006) IRS Tax Forms.** We do NOT make exceptions for those parents' who file for IRS extensions. You must send a copy of completed tax forms regardless of whether or not they have been submitted to IRS.

**5. Required essay** - Please limit this essay to 500 typed words; see application for topic.

**6. A copy of your official academic transcripts for grades 9-12 and if applicable, your official college/universities transcript. We will NOT accept copies printed from the internet or transcripts that have been photocopied or faxed.**

**7. A copy of your SAT and/or ACT scores** – If you've not taken these tests, please explain why.

Completed materials must be sent to: American Cancer Society, Great Lakes Division, Inc.  
Attn: College Scholarship Program  
1755 Abbey Road  
East Lansing, MI 48823

If you have questions, please call Katie Wilson at the American Cancer Society at  
1-800-723-0360 ext. 314

**\*\*\* If you are expecting any portion of this application to be sent to us directly from your doctors office, high school or college/university. You are responsible for following up to confirm that we received those items.**

**WITHOUT EXCEPTION, ALL MATERIALS MUST BE RECEIVED BY 5:00 PM (EDT) ON TUESDAY, APRIL 17, 2007**



## 2007 College Scholarship Program FACT SHEET

- Sponsor Name:** American Cancer Society Great Lakes Division Foundation, Young Survivor Scholarship Program
- Type of Award:** \$1000 Scholarship
- Intended Use:** For tuition only at an accredited MI or IN college or university.
- Eligibility:** Must be 20 or younger before deadline, Michigan or Indiana Resident, Planning on attending a college or University in MI or IN as a full time student with 12 or more credit hours per semester, GPA of at least 2.0 and have had a diagnosis of cancer.
- Basis for Selection:** We have an extensive list of things that we take into consideration before awarding individuals including having a personal history of cancer, academics, community involvement and financial needs. Overall, we are looking for well rounded, quality individuals that would be good ambassadors for the American Cancer Society.
- Application Requirements:** Essay, 2 letters of recommendation, IRS tax information for the student and parents, on time and complete application, letter from a doctor verifying their diagnosis, official high school and or college transcripts.
- Deadline:** 5:00 p.m. (EDT) on Tuesday, April 17, 2007.
- Additional Information:** If a student is awarded they will automatically be eligible for award renewal for up to 3 additional years. (The renewal application is considerably less extensive, requiring only an essay and keeping a minimum GPA of 2.0)

### TO OBTAIN INFORMATION ON HOW TO APPLY PLEASE CONTACT:

**KATIE WILSON  
AMERICAN CANCER SOCIETY  
GREAT LAKES DIVISION, INC.  
1755 ABBEY ROAD  
EAST LANSING, MI 48823  
Phone: 800-723-0360**

**OR**

**APPLICATIONS ARE AVAILABLE TO DOWNLOAD ONLINE IN JANUARY AT:**

**[www.cancer.org/scholarships](http://www.cancer.org/scholarships)**



APPLICATION DUE DATE: APRIL 17, 2007  
AMERICAN CANCER SOCIETY  
GREAT LAKES DIVISION, INC.  
Attn: College Scholarship Program  
1755 Abbey Road  
East Lansing, MI 48823

**YOUNG SURVIVOR SCHOLARSHIP APPLICATION**  
**2007-2008 ACADEMIC YEAR**

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip

Phone \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you a U.S. Citizen? ( ) Yes ( ) No

Are you a permanent resident of Michigan or Indiana? ( ) Yes ( ) No

Type of cancer \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Cancer Site (If applicable) \_\_\_\_\_

Have you completed treatment? ( ) Yes ( ) No

Briefly describe and list dates of your treatment:

Surgery: \_\_\_\_\_

Chemotherapy: \_\_\_\_\_

Radiation therapy: \_\_\_\_\_

Bone Marrow therapy: \_\_\_\_\_

Other: \_\_\_\_\_

List any long-term effects from your treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any disabling conditions? \_\_\_\_\_

List all secondary schools (high schools) attended, including current school.

Dates enrolled

School

City/State

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List all colleges, universities or community colleges attended, including current school.

Dates enrolled

School

City/State

GPA

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Name of Michigan or Indiana college/university you will attend \_\_\_\_\_

Are you currently accepted for admission? \_\_\_\_\_

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

In what area of study will you be enrolled? \_\_\_\_\_

Have you applied for any other grants, scholarships or loans? \_\_\_\_\_

Have you received notification of other grants or scholarships (if yes, please list):

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List your high school grade point average and your senior class rank:

Cumulative GPA \_\_\_\_\_ Rank \_\_\_\_\_ out of \_\_\_\_\_ students

List your SAT and/or ACT scores: SAT \_\_\_\_\_ ACT \_\_\_\_\_

Activities/Clubs/Organizations/Athletics Years Served Offices Held Any related honors

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Any Additional Awards/Honors:

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\_\_\_\_\_  
\_\_\_\_\_  
Employment/Work Experience/Internships

Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteering/Community Service

Dates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your personal interests and hobbies outside of school:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State briefly why you should be awarded this scholarship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many credit hours will you be taking per semester? \_\_\_\_\_

If currently attending a college/university, how many credits have you completed? \_\_\_\_\_

Estimated cost of tuition in 2007-2008 (do **NOT** include room and board or books) \_\_\_\_\_

**Required Essay (in 500 words or less):**

**We want to encourage you to talk about your plans for your future. Please state your educational, personal and occupational goals on a separate sheet of paper and enclose it with this application. (Please write in formal essay format)**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

If under 18, signature of parent or guardian \_\_\_\_\_

Relationship to student \_\_\_\_\_

Return this form to:

American Cancer Society  
Great Lakes Division, Inc.  
Attention: Young Survivor Scholarship Program  
1755 Abbey Road  
East Lansing, MI 48823  
**Deadline: 5:00 pm (EDT)**  
**Tuesday, April 17, 2007**

Do you have questions about your application? Call 800-723-0360.

**Application Checklist - Have you enclosed:**

- ( ) **2 completed and sealed letters of recommendation**
- ( ) *Letter from your doctor verifying diagnosis*
- ( ) *Completed American Cancer Society Financial Aid Form or CCS Financial Aid Form*
- ( ) **A copy of student and parents' IRS Tax Forms for 2006**
- ( ) *Required Essay*
- ( ) *Copy of Official high school transcript and if applicable college/university transcript.  
WE WILL NOT ACCEPT COPIES PRINTED FROM THE INTERNET OR  
TRANSCRIPTS THAT HAVE BEEN PHOTOCOPIED OR FAXED*
- ( ) *Copy of your SAT and/or ACT scores*

This form and attachments must be returned no later than **5:00 p.m. (EDT)**  
**on TUESDAY, April 17, 2007.** Only **Complete** and **On Time** applications  
will be considered.

**The American Cancer Society is the nationwide,  
community-based, voluntary health  
organization dedicated to eliminating cancer as  
a major health problem by preventing cancer,  
saving lives and diminishing suffering from  
cancer, through research, education, advocacy  
and service.**



# Young Survivor Scholarship Program FINANCIAL AID FORM

\*\*\*If you have filed with the College Board College Scholarship Service, please be sure that they send a copy of your report in place of this form.

Student's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

1. What year will you be in at college in 2007-2008?

( ) 1st ( ) 2nd ( ) 3rd ( ) 4th

\*\*\* STUDENT'S (AND SPOUSE'S) INCOME\*\*\*

2. Student's (and spouse's) **Adjusted Gross Income** in 2006 \_\_\_\_\_

3. Student's (and spouse's) **untaxed income/benefits** (SSI, VA, etc) in 2006 \_\_\_\_\_

4. Will the student work during the summer and/or 2007/2008 school year? ( ) Yes ( ) No \_\_\_\_\_

5. Student's (and spouse's) **Expected Summer (2007) and School-Year (2007-2008) Income** \_\_\_\_\_

6. Student's **medical and dental expense** not covered by insurance last year \_\_\_\_\_

7. Please list any other outstanding medical bills not covered by insurance  
\_\_\_\_\_

8. Does the student have any dependents? ( ) Yes ( ) No

If yes, how many (including spouse, children) \_\_\_\_\_

\*\*\* STUDENT'S (AND SPOUSE'S) ASSETS \*\*\*

9. Total cash, savings, checking account balance \_\_\_\_\_

10. Total value of all investments \_\_\_\_\_

11. Value of home (renters write "0") \_\_\_\_\_ How much is owed on home? \_\_\_\_\_

12. Other Real Estate \_\_\_\_\_ How much is owed on property? \_\_\_\_\_

\*\*\* FAMILY MEMBER LISTING \*\*\*

List all immediate family members, other than yourself. Please indicate their relationships to you (parent, step-parent, brother, sister, husband or wife, son or daughter, etc.) Indicate if any other family members are attending college:

13. \_\_\_\_\_  
Name, age, relationship to you

\_\_\_\_\_  
Name, age, relationship to you

\_\_\_\_\_  
Name, age, relationship to you

\_\_\_\_\_  
Name, age, relationship to you

\_\_\_\_\_  
Name, age, relationship to you

\*\*\* PARENTS INFORMATION \*\*\*

14. How much do the parents named below plan to contribute to the student's education for the 2007-2008 school year?

\$ \_\_\_\_\_

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Check one:     Father     Stepfather     Legal Guardian     Other

Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Self-employed? \_\_\_\_\_

Employer \_\_\_\_\_ Number of Years \_\_\_\_\_

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Check one:     Mother     Stepmother     Legal Guardian     Other \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Self-employed? \_\_\_\_\_

Employer \_\_\_\_\_ Number of Years \_\_\_\_\_

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**Complete items 15 and 16 only if parents are divorced:**

15. According to court order, when will support for the student end? \_\_\_\_\_

16. Is there an agreement specifying a contribution for the student's education? ( ) Yes ( ) No

If yes, amount \_\_\_\_\_

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**Parent's 2006 Taxable Income and Expenses**

Adjusted Gross Income:

17. Wages, salaries, tips (IRS form 1040, 1040A or 1040EZ) \_\_\_\_\_

Interest Income \_\_\_\_\_ Dividend Income \_\_\_\_\_

Net Income or Loss \_\_\_\_\_ (if a loss, please enter amount in parentheses)

Other taxable income (such as alimony, capital gains, pensions, annuities, etc.) \_\_\_\_\_

Expenses:

18. Total elementary, junior high and high school tuition paid last year for dependent children, including this applicant \_\_\_\_\_

Student's medical and dental expense not covered by insurance last year \_\_\_\_\_

Child support \_\_\_\_\_

Repayment of educational loans \_\_\_\_\_

19. Parent's 2006 Untaxed Income & Benefits:

Deductible IRA \_\_\_\_\_

Payments to tax-deferred pensions and savings plans \_\_\_\_\_

Earned income credit \_\_\_\_\_

Tax exempt interest \_\_\_\_\_

Other \_\_\_\_\_

20. Parent's **estimated** 2007 income:

2007 estimated income earned from work by father \_\_\_\_\_

2007 estimated income earned from work by mother \_\_\_\_\_

Other estimated 2007 income \_\_\_\_\_

21. Parent's assets:

Total cash, savings, checking account balance \_\_\_\_\_

Total value of all investments \_\_\_\_\_

Value of home (renters write "0") \_\_\_\_\_ How much is owed on home? \_\_\_\_\_

Other Real Estate Value \_\_\_\_\_ How much is owed on property? \_\_\_\_\_

22. **IMPORTANT: YOU MUST ATTACH A COPY OF LAST YEAR'S (2006) IRS TAX FORM (IRS 1040, 1040A or 1040EZ) FOR THE STUDENT AND PARENTS**

**This form, when completed, must be attached to the College Scholarship Application form and returned to:**

**American Cancer Society  
Great Lakes Division, Inc.  
Attn: College Scholarship Program  
1755 Abbey Road  
East Lansing, MI 48823**

### **Required Letters of Recommendation:**

Please give the letters included on the following pages to the 2 people you have chosen to write your letters of recommendation.

We encourage you to request one letter of recommendation from a teacher who can reference your academic qualities and one letter from someone you know (not related to you) such as a counselor, work supervisor, pastor or coach who can reference your personal qualities.

The letters must be given to you in sealed envelopes to be included with your scholarship application. The letters will be considered unofficial if they are not sealed. If you have any questions regarding the letters of recommendation please call:

Katie Wilson at 800-723-0360 ext. 314 or [kathleen.wilson@cancer.org](mailto:kathleen.wilson@cancer.org)



## **LETTER OF RECOMMENDATION REQUEST**

### **2007 AMERICAN CANCER SOCIETY GREAT LAKES DIVISION FOUNDATION YOUNG SURVIVOR SCHOLARSHIP PROGRAM**

Points to consider when writing your letter of recommendation include:

- Academic Motivation
- Academic Potential
- Self Discipline
- Leadership/Initiative
- Problem Solving
- Independence

Please also share any other personal comments or recommendations you may feel are pertinent.

The letter of recommendation is to be given to the student in a sealed envelope. It is the student's responsibility to send the letter with their application to us by the April 17, 2007 deadline.



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