



## Scholarship Application

- Must be a cancer survivor or currently diagnosed with cancer or blood disorder, but does not have to be receiving treatment to qualify
- The applicant is enrolled in or accepted for enrollment in an accredited undergraduate school, community college or technical school
- One application per individual per fiscal year
- Applications are due by May 15th

### Applicant Information

Patient Name (first, middle, last): \_\_\_\_\_

Male     Female

Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Permanent Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Name of School and Major: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

Permanent Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Best Way to contact guardian (check only one)  Permanent  Cell

Email Address(s): \_\_\_\_\_

Is address same as patients?  Yes  No; If No please include address(s) below:

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Marital State of Parents/Guardians:  Married  Separated  Divorced  Other

## Essay

**Please choose one the questions for your essay. Essays must be more than 500 words**

- How did childhood cancer affect you? What did it take to stay strong during your battle, and how has it shaped you today?
- How has cancer influenced your future, dreams and career goals?
- If you had an opportunity to speak to child or young person just diagnosed with cancer, what would advice and information would you share with them as they prepare for their battle against cancer?

## Additional Information Needed

**Please submit the following documents when applying**

- Completed application
- A copy of an acceptance letter from the college/university/technical school or a letter of good standing from the registrar
- A copy of your official transcript
- 2 letters of recommendation
- A letter verifying your cancer diagnosis from physician's office
- One application per family per fiscal year

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You and your child will not be discriminated against or denied assistance because of your race, religion, color, national origin, gender or political affiliation. All scholarship applications will be reviewed on a case-by-case basis and final determination will be made based upon your eligibility, WVKCC guidelines and the availability of funds.

**Consent to Release Information:**

I do hereby certify that all the information that I have provided in this application and the attached materials is both accurate and complete.

Applicant Signature \_\_\_\_\_

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

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**Please complete application to submit via mail or email:**

West Virginia Kids Cancer Crusaders

PO Box 11029

Charleston, WV 25339

Or

Email: [wvkidsc@gmail.com](mailto:wvkidsc@gmail.com)

