

ELIGIBILITY REQUIREMENTS

- US resident enrolled in an accredited university, community college or trade school
- Must be a cancer patient, cancer survivor and/or amputee
- Perpetual scholarship recipients must be willing to attend regional events associated with scholarship awarded and available for selected interviews and or media coverage. Cancer for College reserves the right to use photographs and/or statements of scholarship recipients in any promotional materials.

SUPPORTING MATERIALS

- Summary of cancer treatment including date of diagnosis, place of treatment, doctor's contact information and health status
- A personal statement how cancer has impacted your life illustrating why you should be selected as a scholarship recipient. *(minimum of one page double-spaced, type written page)*
- Description of how your college education is being financed with a copy of all financial aid being received
- A copy of your acceptance letter or a letter of good standing from the registrar's office.
- Two letters of recommendation from outside your family (doctor, nurse, teacher, counsellor, mentor, etc.). One letter **MUST** be from the treating physician, nurse or other individual from your place of treatment.
- Applicants applying from a junior college only need to complete the application and supply a single letter from treating doctor.

I'm a new scholarship applicant I'm reapplying *(only supply updated information)*

PERSONAL INFO

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ e-mail: _____

I am a: Cancer Survivor Amputee Both

Date of diagnosis _____ Current health status _____ Treating hospital _____

Physician _____ City _____ Phone _____

SCHOOL INFORMATION

Academic Year: Freshman Sophomore Junior Senior Graduate Student *(check one)*

Name of college to which you have been accepted for the upcoming academic year: _____

It is a: 4-Year University Community College Trade School Graduate School

Address: _____ City: _____ State: _____ ZIP: _____

Your College ID#: _____ Field of Study: _____

COMBINED FAMILY HOUSEHOLD INCOME

less than \$24,999 \$25,000-\$74,999 \$75,000 - \$99,999 \$100,000 - \$149,999 over \$150,000

APPLICATION DEADLINES:

All scholarship applications must be submitted by May 1, 2009.

Please return complete application and all requested information to:

Cancer for College - 1345 Specialty Drive - Suite E
Vista, CA 92081 - 760.599.5096 e-mail: info@cancerforcollege.org

