Cancer Kids of San Joaquin County Scholarship Program

Cancer Kids of San Joaquin County is proud to sponsor the Cancer Survivor Scholarship Program. The total number of awards and the size of each award will vary from year to year based on funds available and the total number of applicants. This is a competitive scholarship program; recipients will be selected based on academic achievements and extra curricular/ community service. Financial need will not be considered, but school costs may be considered in the event of a tiebreaker. Awards will not automatically renew; eligible students will be required to complete a new application each year. Awards are for both undergraduate and graduate studies.

Applicants must meet all of the following criteria:

- Permanent Residence located in San Joaquin County, California.
- Be a survivor of childhood cancer.
- Be a high school senior or graduate or be current postsecondary undergraduate or graduate student.
- Plan to enroll in full-time undergraduate or graduate study at an accredited two or four-year college, university, junior college or vocational-technical school for the entire upcoming
- academic year.

APPLICATION IS AVAILABLE AT www.cancerkidssjc.org

Cancer Survivor Scholarship Program Application

The applicant is responsible for submitting all materials to Cancer Kids of San Joaquin County on time. All section in the application must be completed, including signatures. Incomplete applications will not be evaluated. This application becomes complete and valid only when the applicant has submitted all of the following materials:

- ✓ Student Application, submit by mail with,
- ✓ Current Complete Transcript(s) of Grades

All materials, including transcript, must be mailed to:
Cancer Kids of San Joaquin County
Attn. Scholarship Committee
PO BOX 1592
Woodbridge CA 95258

Postmark deadline: June 30th

IMPORTANT NOTE: Applicants must mail completed, signed application with current transcript to Cancer Kids of San Joaquin County postmarked on or before June 30th.

ALL QUESTIONS RELATED TO THIS PROGRAM OR APPLICATION REQUIREMENTS SHOULD BE EMAILED TO: don@cancerkidssjc.org

APPLICANT INFORMATION

Last Name: _____ First: _____ Middle Initial: _____

Permanent Home Mailing Address: _____

City: _____ Zip Code: _____

Telephone: ( ) _____ Cell phone: ( ) _____ E-mail Address: _____

PARENT/GUARDIAN INFORMATION

Last Name: _____ First: _____ Middle Initial: _____

Permanent Home Mailing Address: _____

City: _____ Zip Code: _____

Telephone: _____ Cell phone: _____ E-mail Address: _____

DEGREE SOUGHT AND ENROLLMENT STATUS

Please name the school you attend or plan to attend in the upcoming fall semester. **Please provide the entire school name.**

School Name: _____ City: _____ State: _____

Estimated Annual School Costs: _____ Do you plan to live on campus? _____

Expected graduation date: _____

HIGH SCHOOL/COLLEGE INFORMATION

Please name the school you currently attend. Please provide entire school name.

School Name: _____ City: _____

Current GPA: _____ Expected graduation date: _____

PLEASE ATTACH THE MOST CURRENT UNOFFICIAL TRANSCRIPT TO THIS APPLICATION

WORK EXPERIENCE

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. Your name, address and name of this form should be included on all attachments.

Describe your work experience. Please go back 4 years if possible. Indicate dates of employment for each job.

Employer/Position	From – Month/Year	To – Month/Year

EXTRA CURRICULAR ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

FUTURE GOALS AND ASPIRATIONS

On a separate page, please provide a brief summary of your plans as they relate to your educational and career objectives and long-term goals.

ESSAY QUESTIONS

On a separate page, please provide a brief response to **both** of the essay questions below:

We would like to know your cancer story. What age were you when diagnosed? How were you diagnosed and what form of cancer did you have? At what hospital did you go for treatment? How would you say going through treatment for cancer has shaped who you are today?

Make a brief statement of why you think you would make a good candidate for the Cancer Kids of San Joaquin County Scholarship Program.

OTHER AWARDS

Please list the name and annual amount of any other grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	_____	o Granted o Pending
_____	_____	_____	o Granted o Pending

APPLICANT APPRAISAL (REQUIRED)

Please provide contact information for a school official whom you feel knows you well. This person can be a teacher, professor, principal, coach, counselor, or advisor. We will be contacting the appraiser via email and/or phone to request their participation. If you do not provide this information, your application will not be evaluated.

Name: _____ School Name: _____ Title: _____

E-Mail: _____ Phone: _____

Terms & Conditions

Cancer Kids of San Joaquin County will coordinate the selection of recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property Cancer Kids of San Joaquin County. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Cancer Kids of San Joaquin are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any benefit granted and may be ground for dismissal.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(If applicant is under the age of 18 a parent/guardian signature must be included)