

BEAT CANCER TODAY

BEAT CANCER TODAY PEDIATRIC CANCER SIBLING LOW INCOME SCHOLARSHIP

Applications for the Beat Cancer Today Pediatric Cancer Sibling Low Income Scholarship must be submitted electronically no later than Friday, April 26, 2019. The awarding of the scholarship is to be conducted by the following rules and regulations.

1. Individuals meeting the following requirements are eligible to apply for the scholarship:
 - a. Applicant is a sibling (including biological, half-blood, or step-sibling) of a person who was diagnosed with any form of pediatric cancer.
 - b. Applicant is currently aged 16-26 years old.
 - c. Applicant's household income is at or below \$64,000 for a household of 3, \$77,000 for a household of 4, or \$90,000 for a household of 5.
 - d. Applicant is not related to any current Beat Cancer Today Board member.
 - e. Applicant's home address is in Iowa.
 - f. Applicant is enrolled (or plans to enroll) full-time or half-time at an accredited two-year or four-year college, university, or vocational school. Applicant may also be enrolled (or plans to be enrolled) in an accredited advanced degree program or accredited certification course related to the applicant's career.
2. Scholarships will be awarded on an objective and non-discriminatory basis, taking into consideration each applicant's history with pediatric cancer, future plans, and specific impact of the Beat Cancer Today Pediatric Cancer Sibling Scholarship.
3. Applicants from prior years, including winners, are eligible to reapply. Applicants with family members who have received or applied for any Beat Cancer Today scholarship are eligible to apply.
4. Applicants must apply using the official application form.

Additional Scholarship terms and conditions are set forth in the Beat Cancer Today Pediatric Cancer Sibling Scholarship Guidelines. The Guidelines, and any additional information needed, can be obtained by contacting scholarships@beatcancertoday.org.

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BEAT CANCER TODAY

**BEAT CANCER TODAY PEDIATRIC CANCER SIBLING LOW INCOME
SCHOLARSHIP**

SCHOLARSHIP APPLICATION FORM

Name of Applicant: _____ Gender: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Email Address: _____ Telephone: _____

Guardian: _____ Guardian Phone: _____

Current School: _____

Current Degree/Program: _____ Anticipated Graduation Date: _____

School Address: _____ City/State/Zip: _____

Current Cumulative GPA: _____ Rank in Class (if available): _____

High School Seniors – Please complete the following additional questions:

School you are planning to attend: _____

Anticipated area of study: _____

All Applicants – Please complete the following questions:

Relation to Cancer Patient: _____

Patient's Treatment Date (begin/end): _____

Patient's Treatment Location: _____

Applicant's Extracurricular Activities: _____

Applicant's Volunteer History: _____

Household Income: _____

Additional Space: _____

[Application Continues on Next Page]

Please submit the following with this application:

1. Certified copy of most recent available transcript.
2. Copy of latest household federal tax return to verify adjusted gross income.
3. Essay, with a minimum of 500 words and a maximum of 1,000 words, describing:
 - a. How pediatric cancer has affected your life;
 - b. Your future plans;
 - c. Your desired career path; and
 - d. How the award of this scholarship will impact you specifically.
4. A video application may be submitted in addition to the essay, if the applicant desires. The written essay is required for consideration, regardless of whether the video application (which is optional) is also submitted.
5. Two (2) letters of recommendation. At least one recommendation must be from the applicant's current or prior professor/teacher. Other qualifying letters of recommendation include the applicant's current or prior doctors, nurses, professors/teachers, employer, family friends, and acquaintances. Letters from family members will not be accepted.

Please return this application form and all attachments by electronic mail to:

Aaron Horn
President
scholarships@beatcancertoday.org

or by physical mail:
Beat Cancer Today, Inc.
415 12th Ave SE
Cedar Rapids, IA 52401

By signing below, the Applicant attests that the Applicant meets all of the eligibility requirements listed above and has truthfully completed the application form, including all attachments. The Applicant also authorizes the Board and Selection Committee to use the information listed in the application for the purpose of selecting the scholarship winner.

[Signature of Applicant]

[Date]

[Sample Letter of Recommendation Form on Next Page]

**ATTACHMENT TO BEAT CANCER TODAY PEDIATRIC CANCER SIBLING
SCHOLARSHIP APPLICATION FORM FOR:**

[Applicant's Name]

[To Applicant: This form can be duplicated and given to persons who are recommending you for this scholarship award; i.e., current or prior doctor, nurse, professor/teacher, employer, family friend, or acquaintance. They may either fill out this form or respond in letter format. Letters should be addressed to Beat Cancer Today.]

[To Individual Providing Recommendation: Please describe why the applicant is deserving of the Beat Cancer Today Pediatric Cancer Sibling Scholarship. A list of possible discussion topics are provided below, but you may describe any reason(s) for why the applicant is deserving of the award. If you choose to write a letter, please do not exceed one page in length.]

1. Describe how pediatric cancer has impacted the applicant's life.

2. Describe the applicant's ability and willingness to raise awareness for pediatric cancer and pediatric cancer research.

3. Describe applicant's participation in school or community related clubs and organizations.

4. Describe applicant's character, integrity and professional manner.

[Signature of Individual Giving Recommendation]

Printed Name: _____

Title: _____

Address: _____

Telephone: _____

[This form or letter to be returned to Applicant.]