

## **BEAT CANCER TODAY**

### **BEAT CANCER TODAY PEDIATRIC CANCER SIBLING SCHOLARSHIP**

Applications for the Beat Cancer Today Pediatric Cancer Sibling Scholarship must be submitted electronically no later than Friday, December 13, 2024. 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 is not related to any current Beat Cancer Today Board member.
  - d. Applicant's home address is in Iowa.
  - e. 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](mailto:scholarships@beatcancertoday.org).

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**BEAT CANCER TODAY**

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**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: \_\_\_\_\_

Additional Space: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

[Application Continues on Next Page]

Please submit the following with this application:

1. Certified copy of most recent available transcript.
2. 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.
3. 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.
4. 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](mailto: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.

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[Signature of Applicant]

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[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.]