



## **Beyond the Cure Ambassador Scholarship For College Aged Survivors of Childhood Cancer 2019 – 2020 Information & Application Form**

### **Eligibility Requirements**

Applicants must be:

- A childhood cancer survivor under the age of 25 and diagnosed before the age of 18 with cancer or a high grade or anaplastic brain tumor
- A citizen of the United States living within the country and attending school in the U.S.
- Accepted into a post-secondary school in the Fall 2019

### **Evaluation Criteria**

This is a competitive application process and all requirements carry weight in the review process. Not all applicants will receive a scholarship. Fifty-eight survivors will receive \$3,500 scholarships for the 2019-2020 school year.

Required materials must be postmarked by March 30, 2019. **Incomplete, late or electronic submissions will not be accepted.**

Mail completed applications to:

**The National Children's Cancer Society  
Beyond the Cure Ambassador Scholarship  
500 North Broadway, Suite 1850  
St. Louis, MO 63102**

### **Applications Must Include the Following for Consideration**

- Beyond the Cure (BTC) Ambassador Scholarship application completed in full
- Written essay as directed in the application
- Copy of the acceptance letter (**if you've received one**) from the college, university or vocational/technical school you plan to attend in the Fall 2019
- Written documentation from your treating physician confirming your cancer diagnosis, age and date of diagnosis.
- Two letters of recommendation (Only two will be accepted)

- **Official transcript(s)** with signature and/or official school seal (photocopies not accepted)
- 2.5 minimum GPA
- Brief summary of community service

### **BTC Ambassador Scholarship Expectations**

1. Maintain an overall 2.5/4.0 GPA.
2. Maintain full-time status defined as at least 12 units per semester or quarter. A note from the doctor is required if you are unable to maintain a 12 unit schedule.
3. Provide updates on your progress during the school year and send a copy of your grade, including GPA, at the end of each semester.
4. Complete 15 hours of volunteer service as an Ambassador of The National Children's Cancer Society (NCCS).

As a recipient of the Beyond the Cure Scholarship you are agreeing to become an Ambassador for the NCCS, by promoting the mission of the NCCS and raising awareness for the organization and childhood cancer.

### **Scholarship Renewals**

Scholarship recipients under the age of 25 are eligible for a maximum of four scholarships. Renewal applicants must apply each year and scholarships are neither automatic nor guaranteed.

### **Scholarship Fund Disbursement**

The scholarship award will be paid in equal amounts per semester directly to the college, university or vocational/technical school for the purpose of defraying tuition and additional fees or books. Awards must be used during the academic year in which they are granted. Any unused funds are to be returned to the NCCS.

### **Questions?**

Please contact Stephanie Diekemper, Beyond the Cure Assistant at 1-800-532-6459 or [sdiekemper@thenccs.org](mailto:sdiekemper@thenccs.org).

**Recipients will be notified by phone the first week of July, 2019.  
Please no calls about award decisions!**

# 2019-2020 Beyond the Cure Ambassador Scholarship Application

All sections **MUST** be completed in order for your application to be considered. This form by itself is not a complete application package. Carefully check each section to make sure you have provided the requested information.

**All applications must be postmarked by March 30, 2019.**

Late or incomplete applications will not be considered

## 1. Applicant (Please type or print clearly)

\_\_\_\_\_ M \_\_\_ F \_\_\_  
Last Name                      First Name                      Middle Initial                      Sex (circle one)

(    )                      (    )  
Home Phone                      Cell Phone (if available)                      E-mail

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State                                      Zip

Date of Birth \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_

Ethnicity: \_\_\_ African American \_\_\_ Asian \_\_\_ White \_\_\_ Hispanic/Latino

Other (explain) \_\_\_\_\_

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

## 2. School Information

- High School Seniors: Submit official transcript(s) that includes final grades for all courses taken from 9<sup>th</sup> grade to your most recently completed semester of high school.
- Home Schooled Seniors: Send transcript of the courses completed with grades, GPA, supporting test scores (ACT OR SAT optional) and any other information that supports successful completion of high school curriculum.
- College Students: Submit official transcript(s) that includes final grades for all courses taken from your freshmen year to your most recently completed semester. **If you have only completed one semester of college, you will need to send your official high school transcript along with the recently completed semester of college.**

These **MUST** have signature and/or official school seal. Unofficial transcripts or photocopied transcripts will not be accepted. Please indicate if transcripts are being sent directly to the NCCS or included in the application packet.

\_\_\_ Included                      \_\_\_ Sent Separate

Name: \_\_\_\_\_

### Current School

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|              |                                      |  |
|--------------|--------------------------------------|--|
| School Name  | School District (Public School only) |  |
| (____) _____ |                                      |  |
| School Phone |                                      |  |

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School Street Address

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|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

### Other Schools

Please list all other secondary (high school) and post-secondary (college/university) schools attended.

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| Dates enrolled | School | City/State | Grade(s) attended |
|----------------|--------|------------|-------------------|
|                |        |            |                   |

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|                |        |            |                   |
|----------------|--------|------------|-------------------|
| Dates enrolled | School | City/State | Grade(s) attended |
|----------------|--------|------------|-------------------|

### 3. Cancer Diagnosis

**A letter from your treating physician** confirming your cancer diagnosis **MUST** accompany your application packet and may **not** be used as a letter of recommendation. Please note: through the guidance of our medical advisory board the NCCS is only accepting applications from survivors of pediatric cancer, or high grade or anaplastic brain tumors.

The letter should be on your oncologist's letterhead and include:

- When you were diagnosed – age and year
- Type of cancer
- Include oncologist's signature and daytime telephone number

Provide the following information about your oncologist submitting the letter to confirm your cancer diagnosis.

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|      |        |
|------|--------|
| Name | Title  |
|      | (____) |

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|                                     |       |
|-------------------------------------|-------|
| Affiliation (hospital or otherwise) | Phone |
|-------------------------------------|-------|

### 4. Reference Letters

Submit **two letters** (only two will be accepted) of recommendation (*Maximum 300 words*) from a non-related person such as: teacher, coach, community leader or medical professional. Letters must include how long and in what capacity they have known the applicant and general impression of the applicant. Have each reference include their name, address and phone number within the letter. Letters will become the property of the NCCS and may be used for future publications if a scholarship is awarded. Please indicate if the letters will be sent directly to the NCCS or included in the application packet.    \_\_\_ Included    \_\_\_ Sent Separate

Name: \_\_\_\_\_

**Please include the contact information of the individuals who are writing letters of recommendation.**

1. \_\_\_\_\_  
Name Title  
\_\_\_\_\_ ( ) \_\_\_\_\_  
Affiliation Phone

2. \_\_\_\_\_  
Name Title  
\_\_\_\_\_ ( ) \_\_\_\_\_  
Affiliation Phone

**5. Essay**

*At the National Children’s Cancer Society we believe you become a cancer survivor from the time you are diagnosed through the remainder of your life.*

**Answer the following question:**

*What does survivorship mean to you?*

Essay must be typed, double spaced, 12 pt., Times New Roman or Arial font with one inch margins. Essay must be a minimum of one full page and a maximum of two pages in length. Applicants name must be included at the top right corner of each page. The essay will become the property of The National Children’s Cancer Society and may be used for future publications if a scholarship is awarded.

**6. Community Service**

Please list any community service you have been involved with and the dates in which you participated. (Additional sheets may be attached if necessary)

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

**7. College or University**

Please submit the name of the college, university or vocational/technical school you will be or currently are attending in the fall of 2019:

\_\_\_\_\_

If currently attending college, what is your current year in school (Freshman, Sophomore, Junior or Senior)? \_\_\_\_\_

Are you currently accepted for admission? Yes\_\_\_ No\_\_\_

If yes, please provide a copy of acceptance letter.

Name: \_\_\_\_\_

If you have not received an acceptance letter at this time please indicate where you're at in the application process:

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**In all areas where a signature or initials are required both the applicant and a parent or guardian must sign if applicant is under the age of 18.**

**To certify that all statements contained in the application are true and the essay submitted was written by the applicant please sign below.**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Submission Requirements**

Individuals who receive a BTC Ambassador Scholarship will be required to electronically submit a high resolution photo. You may submit a photo during the application process to [sdiekemper@theNCCS.org](mailto:sdiekemper@theNCCS.org).

Initial here to authorize release of your name, photo and essay/ letters/ story for use by The National Children's Cancer Society for promotional material and website.

Parent/Guardian\_\_\_\_\_ Applicant\_\_\_\_\_

**By initialing here you are giving us authorization to share scholarship information with the institution you plan on attending in the fall of 2018.**

Parent/Guardian\_\_\_\_\_ Applicant\_\_\_\_\_

**Initial below that you have read and agree with the following statement**

The applicants understand that the grant of the scholarship is subject to interpretation of the applications in the sole discretion of the committee and the extent by which the program is funded. The amount of funding will be discretionary with the management of NCCS. The applicants by their initials hereon acknowledge that they have read and understand all of the rules and requirements and agree to be bound by them. The decision of the committee is final and may not be appealed, and the program administrator shall make all decisions regarding compliance with the requirements after a scholarship has been awarded. The applicant agrees to be bound by any such decision without appeal.

Parent/Guardian\_\_\_\_\_ Applicant\_\_\_\_\_

Name: \_\_\_\_\_

## **Beyond the Cure Ambassador Scholarship Financial Need Form**

If applicant is under the age of 18 or considered a dependent please provide parent/guardian tax information otherwise section to be completed by applicant.

Full Name \_\_\_\_\_

Applicant Name \_\_\_\_\_

Relationship(s) to Applicant \_\_\_\_\_

**Information from your most recent tax return may be used.**

| <u>Current Income</u>   | <b>Student</b> | <b>Parent/Guardian</b> |
|---|----------------|------------------------|
| 1. Adjusted gross income  | \$ _____       | \$ _____               |
| 2. Total US income tax paid   | \$ _____       | \$ _____               |
| 3. At this time, what is the current total balance of saving and checking accounts  | \$ _____       | \$ _____               |
| 4. Total number of family members   | _____          |                        |
| 5. Total number of immediate family members who will be attending college at least part-time during the next academic school year | _____          |                        |

**Expenses**

- |   |          |
|---|----------|
| 1. What is your monthly mortgage/rent payment, Include utilities and phone?                                       | \$ _____ |
| 2. Do you have any other monthly debts or obligations such as credit card debt, loans, insurance or car payments? | \$ _____ |
| 3. List the total amount of out of pocket medical expenses not covered by insurance you paid in the past year.    | \$ _____ |

**Projected School Cost**

- |   |          |
|---|----------|
| 1. How much will you be contributing to the applicant's educational expenses? | \$ _____ |
|---|----------|

**Please sign to certify that all information on this form is true.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(if applicant is under 18 years of age)*

## Check List

### **ONLY COMPLETE APPLICATION PACKAGES WILL BE CONSIDERED**

#### **Please submit the application in the following order**

- \_\_\_ Complete and sign Application Form. (Include applicant and parent/guardian signatures)
- \_\_\_ Letter from oncologist confirming diagnosis and the date and age at diagnosis.
- \_\_\_ Copy of an official transcript(s) as directed in **section #2** of the application. These documents must have a signature and/or official school seal. Unofficial or photocopied transcripts will not be accepted. Also, if applicable, please provide a copy of your collegiate acceptance letter.
- \_\_\_ Essay that follows the required formatting guidelines. Make sure your name is on the top right corner of each page.
- \_\_\_ Two letters of recommendation (Maximum 300 words) from individuals who are not related to you and have them include their name, address and phone number.
- \_\_\_ Financial need form.
- \_\_\_ **Please type or print your name clearly in the top right hand corner of each page of the application package, submit in the order listed and do not staple pages together.**
- \_\_\_ Submit the entire application package together in one envelope. **No faxes will be accepted.**

**DEADLINE – A complete application package must be postmarked by  
March 30, 2019**

**Mail to: The National Children's Cancer Society  
Beyond the Cure Ambassador Scholarship  
500 North Broadway, Suite 1850  
St. Louis, MO 63102**