Beyond the Cure Ambassador Scholarship
For College Aged Survivors of Childhood Cancer
2016 – 2017 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 2016

Evaluation Criteria
This is a competitive application process and all requirements carry weight in the review process. Not all applicants will receive a scholarship. Forty survivors will receive $3,500 scholarships for the 2016-2017 school year.

Required materials must be postmarked by March 31, 2016. **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 2016
• Written documentation from your treating physician confirming your cancer diagnosis, age and date of diagnosis and treatment status
• Two letters of recommendation (Only two will be accepted)
• **Official transcript(s)** with signature and/or official school seal

• 2.5 minimum GPA

• Brief summary of community service

• Completed financial form that verifies financial status (pg. 7 of app.)

**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. Recipient must send a copy of their grades including GPA at the end of each semester.


As a recipient of the Beyond the Cure Scholarship you are agreeing to become an Ambassador for the NCCS. Ambassadors are individuals who are passionate about childhood cancer survivorship, and proactively promote the mission of the NCCS.

Ambassadors are expected to raise awareness about the NCCS and its services as well as issues related to childhood cancer and survivorship.

**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 Pam Gabris, BSN, RN, Beyond the Cure Coordinator at 1-800-532-6459 or pgabris@theNCCS.org.

**Recipients will be notified by phone the first week of July, 2016.**

**Please no calls about award decisions!**
2016-2017 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 31, 2016. Late or incomplete applications will not be considered*

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

```
Last Name                 First Name              M iddle 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 9th 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 will not be accepted. Please indicate if transcripts are being sent directly to the NCCS or included in the application packet.

___ Included       ___ Sent Separate
Current School

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<th>School Name</th>
<th>School District (Public School only)</th>
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<tr>
<th>School Phone</th>
<th>School Fax (if Available)</th>
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School Street Address

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<th>City</th>
<th>State</th>
<th>Zip</th>
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Other Schools
Please list all other secondary (high school) and post-secondary (college/university) schools attended.

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<th>Dates enrolled</th>
<th>School</th>
<th>City/State</th>
<th>Grade(s) attended</th>
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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 date of last treatment and whether or not treatment is completed
- 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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<th>Name</th>
<th>Title</th>
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<tr>
<th>Affiliation (hospital or otherwise)</th>
<th>Phone</th>
<th>Fax</th>
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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

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

1. ________________________________________________ ________________
   Name                                        Title
   ___________________________(__)_______________ (___)_____________
   Affiliation                                   Phone                           Fax

2. ________________________________________________ ________________
   Name                                        Title
   ___________________________(__)_______________ (___)_____________
   Affiliation                                   Phone                           Fax

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 no more than 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 2016:
Name: ______________________

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

Potential area of Study:___________________________________________________________

Are you currently accepted for admission?  Yes__    No__
If yes, please provide a copy of acceptance letter.

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

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 sdiekmper@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 2016.

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______
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.**

<table>
<thead>
<tr>
<th>Current Income</th>
<th>Student</th>
<th>Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjusted gross income</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>2. Total US income tax paid</td>
<td>$ _______</td>
<td>$ _______</td>
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<tr>
<td>3. At this time, what is the current total</td>
<td>$ _______</td>
<td>$ _______</td>
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<tr>
<td>balance of saving and checking accounts</td>
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<tr>
<td>4. Total number of family members</td>
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<td>5. Total number of immediate family members</td>
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<td>who will be attending college at least part-time</td>
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<td>during the next academic school year</td>
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**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 31, 2016

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