



**Childhood Cancer
Survivorship Program**

SURVIVORSHIP SCHOLARSHIP APPLICATION

Personal Information

Name:	Date of Birth:
Street Address:	Phone Number:
Mailing Address (if different from above):	E-mail Address:

Confirm the following requirements by checking the boxes and signing below:

- I am a childhood cancer survivor. Cancer diagnosis & year: _____
- I am a patient in the Valley Children's Hospital Childhood Cancer Survivorship Program.
- I am a senior in high school, or I have a high school diploma or GED.
- If I receive a scholarship, I agree to: a) write a thank-you note to the donor and b) submit a short statement to the committee about how I used the funds.

Signature: _____ **Date:** _____

Academic Information

In Fall 2022, you will be (select one): <input type="checkbox"/> College Freshman <input type="checkbox"/> College Sophomore <input type="checkbox"/> College Junior <input type="checkbox"/> College Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> Enrolled in Trade School <input type="checkbox"/> Other: _____	Name of School/Program You Currently Attend: _____ City: _____ State: _____ Name of School/Program Where Scholarship Will Be Used: _____ City: _____ State: _____ Expected Degree/Certificate: _____ Major(s) or Field of Study: _____ Minor(s): _____ Current GPA: _____
---	---

What are your goals and aspirations?

List your volunteer activities, community service, and any hobbies or interests:



Childhood Cancer
Survivorship Program

SURVIVORSHIP SCHOLARSHIP APPLICATION

What are your financial needs? Do you have special circumstances we should be aware of?

What would you use the money for?

What does being a childhood cancer survivor mean to you?

You can answer this question in a short essay (2 pages or less), or submit a creative response like a work of art, poem, short film, song, or any other creative form. The possibilities are limitless! If you submit something other than an essay, please write a few sentences below about the meaning of your submission.

In addition to this completed Scholarship Application (2 pages), please submit the following:

- A copy of your current or most recent school transcript (official or unofficial)
- 1 letter of recommendation (may be submitted directly by recommender)
- Response to the prompt "What does being a childhood cancer survivor mean to you?"
Directions above.

Please submit your completed application by 5:00 p.m. on March 31, 2022, in-person or via mail, fax, or e-mail to:

Valley Children's Childhood Cancer Survivorship Scholarship Committee
9300 Valley Children's Place – FC-13
Madera, CA 93636

Phone: (559) 353-5159 | **Fax:** (559) 353-5724 | survivorship@valleychildrens.org