



Young Survivors' Scholarship Program

530 Maryville Centre Dr. LL5
St. Louis, MO 63141
(314) 275-7440 Fax (314) 275-7446

2012 – 2013 Academic Year

Friends of Kids With Cancer, Inc. is pleased to offer a Young Survivors' Scholarship Program. Eight scholarships worth \$1,000 (\$500 per semester based on satisfactory completion of second semester) are available. Scholarships are paid directly to the accredited institution. Decisions as to which applicants receive the scholarship would be made by a majority of the members of the Review Committee. All decisions made by the Friends of Kids with Cancer Scholarship Review Committee shall be made in their sole discretion and all decisions of Friends of Kids with Cancer are final.

To be eligible for a Friends of Kids with Cancer scholarship, one must:

- Have had a diagnosis of cancer or similar blood related disease before the age of 19 and/or treated for a pediatric form of cancer or similar blood related disease.
- Sought treatment for cancer or similar blood related disease in the St. Louis Metropolitan area, and received special assistance from Friends of Kids with Cancer when diagnosed.
- Be a high school senior, or not out of high school more than 4 years, or if already in college, have a GPA of at least 2.0 (based on a 4.0 scale).
- Be accepted to an accredited university, graduate school, community college, vocational technical school or other accredited facility.
- Be sure to include **all** documents listed below, **together in one envelope** (please write your name on each document you submit):
 - Completed application form.
 - Two recommendations; one from a physician (on his/her letterhead) verifying diagnosis and one from an adult age 21 or older who is not a relative.
 - An acceptance letter from a scholastic institution on letterhead.
 - An official transcript of academic records from high school or college, whichever is applicable. Some institutions require the transcript be mailed directly to our office; please indicate if that is applicable in your case.
 - A one page essay describing your life experiences, your future goals, and the reasons why you need and deserve this scholarship grant.

While our scholarship is not need-based, needs will be considered. A review committee of Friends of Kids with Cancer volunteers will evaluate each new application based upon the essay/goal statement, academic achievement, and community service. This committee will convene in late June, 2012 to decide the new awardees for the 2012 – 2013 academic year.

The scholarship is intended to be offered on an annual basis, but Friends of Kids with Cancer reserves the right at any time for any reason to refrain from offering the scholarship in a particular year. For the 2012 – 2013 academic year, applications will be accepted until **June 15, 2012**. Information regarding the scholarship will be placed on the Friends of Kids with Cancer website, www.friendsofkids.com. Questions regarding the scholarship can be directed to Judy at (314) 275-7440.

Friends of Kids with Cancer is devoted to enriching the daily lives of children undergoing treatment for cancer and blood related diseases. *Our Mission* is to be an advocate for these special kids and provide them and their families with the recreational, educational, and emotional support needed throughout the long hours of chemotherapy, illness and isolation.



2012 – 2013 Application Form For All Applicants

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This form can be photocopied. This form by itself is not a complete application packet. Applications must be postmarked by or before **June 15, 2012**. **Incomplete applications will not be considered.**

1) Applicant

Last Name	First Name	Middle Initial	
()	()		
Home Phone	Fax – if available	Email	
Street Address			
City	State	County	Zip
Date of Birth	Age	Social Security Number	
Date of Diagnosis	Diagnosis		

Circle One: I am a legal resident of: **Missouri or Illinois.**

2) High School

School Name	Graduation Date
School Street Address	City
	State
	Zip

Other Schools – Please list additional schools of higher education attended.

<u>Dates</u>	<u>Name of School</u>	<u>City/State</u>	<u>Grades Attended</u>	<u>GPA</u>

3) Letter of Acceptance, on letterhead

Name of accredited university, graduate school, college, community college, or vocational technical school to which you have been accepted:

School Name	Student I. D. Number
School Street Address	() School Phone
City	State
	Zip

4) Letters of Reference (2)

Include the contact information of the individuals who are writing letters in support of your application. **Please Print.**

A) Physician or Treatment Facility (*Must be on their letterhead*)

Title	Name (first & last)
Affiliation (hospital, organization, etc)	() Phone
	() Fax

B) Adult Over 21 who is not a relative (teacher/professor, guidance counselor, employer, scout leader, mentor, other)

Title	Name (first & last)
School, Organization, Other	() Phone
	() Fax

5) Hobbies, interests, extra-curricular activities. Attach extra sheet, if needed.

6) Signature

The information on this form & contained in the application package is true & correct to the best of my knowledge as evidenced by these signatures.

Applicant's Signature	Date
Parent/Guardian's Signature (if applicant is under 18)	() Daytime Phone
	Date

Have you included everything below in one envelope? Incomplete applications will not be considered.

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7) Essay (one page) describing your life experiences, your future goals, and the reasons why you need this scholarship grant.