

PCRF Survivor Scholarship Award

A fund of the Pediatric Cancer Research Foundation

The Program

The PCRF Survivor Scholarship Fund awards annual scholarships to help improve the quality of life for those affected by pediatric cancer. The focus of the scholarship is to support college and/or post graduate education for survivors of pediatric cancer. This scholarship is offered nationwide.

Eligibility

Applicants for this scholarship award must be:

1. **Graduating** high school seniors, community college students or 4 year university students who have been treated for pediatric cancer may apply. (If selected, a note from the treating doctor / institution must also be supplied to certify that the applicant has been in treatment.)
2. Students who are enrolled full time.
3. Minimum 2.5 GPA.

Awards

Scholarships totaling the fund availability will be disbursed in the first semester of the academic year awarded.

Recipients are selected without regard to race, color, creed, religion, sex, handicap, or national origin.

Selection of Recipients

The Foundation staff will review applications with a committee of advisors from the community.

APPLICATION PROCESS and REQUIREMENTS

To be considered for a scholarship, there is a two-step process

1. Fill out the online questions and print the confirmation email to be included in step two.
2. You **must** submit in one large envelope:
 - o A printed copy of your completed online application email
 - o A printed copy of your essay (See prompts below/500 word maximum)
 - o A copy of your most recent official transcript.
 - o **2 letters** of recommendation still sealed in its original envelope and signed by the sender across the seal.
 - o A recent high resolution photo. (May be emailed to admin@pcrf-kids.org)
 - o Signed Release.

Note: Late or incomplete applications cannot be reviewed by the committee.

All materials must be received to the PCRF office March 30, 2020.

**Pediatric Cancer Research Foundation – PCRF Scholarship
17932 Sky Park Circle, Suite E
Irvine, CA 92614**

PCRF Survivor Scholarship Award

Application Form

All of these fields are going to be in the online application. Simply fill out and print the confirmation email.

Section I: General Information

Applicant Information

Name _____

Date of Birth _____

Contact Information

Home Mailing Address: _____

Cell Phone #: _____

Alternate Phone #: _____

Parents Names: _____

E-mail: _____ (*We will contact you frequently through email.)

General Cancer Status and Information

Type of cancer _____

Treatment Hospital _____

Treating Physician _____

Age of diagnosis _____

Additional notes: _____

School Information

High School

Name _____

Address _____

Graduation Date _____

GPA (Please attach an official transcript) _____

University you are attending:

Name _____

City, State _____

Class year you will be entering in COLLEGE: Freshman Sophomore Junior Senior Graduate

Major /Minor _____

Anticipated College Graduation Date: _____

Number of class units you will be taking in COLLEGE (per semester) _____

Where do you plan to live next year? On campus Off campus With Parents Other

Section II: Miscellany

Picture

Please submit a recent high resolution photo of yourself with your application. *A digital copy may be emailed to admin@pcrf-kids.org with subject line: (your full name) photo for 2020 Scholarship Application

APPLICANT ESSAY

Essays should be typed, double spaced, and should include the applicants name on the upper right hand corner of each page.

In a maximum of 500 words address **one** of the following topics:

- How has your journey with cancer impacted your life, values, goals, etc.?
- Who from this journey has inspired you and how will their influence help you as you face challenges in the future?
- What would you want others to know about you or your experience with cancer?
- Highlight an accomplishment or obstacles that you may have encountered in the last year.

Be sure to provide the committee information on what your academic goals are for this up-coming year and the steps you will take to accomplish those goals.

LETTERS OF RECOMMENDATION

You must arrange for two letters of recommendation to be mailed to you in sealed envelopes in time for you to forward them to the Foundation with your application. One letter must be from a member of your school staff who can comment on your academic progress through your school year. The other must be from an adult who has been involved with you in some significant way outside of school. Teachers, counselors, ministers and employers are good choices as they can usually comment on overall character, achievement and promise. Writers should describe how they have come to know you and what they see as major strengths and limitations in your character and skills. Please be sure that the person writing your letter not only includes your full name but that they also sign it.

Pediatric Cancer Research Foundation Survivor Scholarship

A Non-Profit, Tax-Exempt, Publicly Supported Organization with IRS 501(c)(3) status
EIN 95-3772528

www.pcrf-kids.org

CERTIFICATION and RELEASE

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge and that the essay is the work of my own. I understand that I will be required by the Foundation to provide documentation to corroborate the above information in order to receive scholarship payments. I realize that failure to comply with a request for further information will prevent the applicant from being considered for scholarships and will result in the termination of the scholarship. Further, I certify that I meet the intent of the scholarship funds that I have applied as stated in their guidelines. I realize that falsification of information will result in termination of any scholarship granted.

As a condition of becoming a Pediatric Cancer Research Foundation ("PCRF") scholarship recipient, I agree to the following. In furtherance of its cause, I grant PCRF unlimited publicity rights. That is, PCRF shall have the right to use my name, image, likeness, etc. in its website, newsletters, brochures, and other publications or promotional materials, as well as in news media coverage. I also agree to grant PCRF unlimited copyright rights in all materials which I produce for PCRF or that PCRF produces about me or on my behalf, either as part of the application process or during my ongoing relationship with PCRF. Such materials include, but are not limited to essays, speeches, pictures, videos, and my success story. PCRF shall retain the aforementioned rights during the time in which I am a student and beyond.

Applicant's signature: _____ **Date** _____

Parent/Guardian Signature: _____ **Date** _____