

PCRF Survivor Scholarship Award

A fund of the Pediatric Cancer Research Foundation

The Program

The PCRF Survivor Scholarship Fund awards annual scholarships to help survivors of pediatric cancer realize their future. 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.
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/750 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 Sign and print page 4 of this pdf "**CERTIFICATION and RELEASE**"
 - o Verification of diagnosis on official letterhead in a sealed envelope. (NEW REQUIREMENT)

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

All materials must be received to the PCRF office March 30, 2022.

**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 the online application 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

Graduating High School *If you are a graduating senior and entering college

Name of High School

Address

Graduation Date

GPA (Please attach an official transcript)

Currently Enrolled College Students *If you are currently a college student

Name of College or Trade School

GPA (Please attach an official transcript)

University you are attending in the Fall of 2022:

Name

City, State

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

Degree being pursued and Field of Study (Example: A Bachelor of Science in Nursing)

Anticipated College Graduation Date

Will you be a Full-time student

Section II: Miscellany

Picture

Please submit a recent high resolution photo of yourself with your online application.

**This is not required, but it helps us know you better. It also may be used in scholarship shout outs on PCRF Social Media.*

APPLICANT ESSAY

Essays should be typed into the online application. (It is helpful to prepare this in advance on a Word.doc and then copy and paste into the application.)

In a **maximum** of 750 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.

VERIFICATION OF DIAGNOSIS

New Requirement! Please **INCLUDE IN YOUR PACKET** a verification of your diagnosis on letterhead in a sealed envelope. This can take time, so plan early. This must be taken care of before the March 30th deadline, or your application will not be reviewed.

If you have any questions or extenuating circumstances, please contact Chris Farwell at cfarwell@pcrf-kids.org.

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.

Applicants Printed Name: _____

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

(For Minors) Parent/Guardian Signature: _____ **Date** _____