



Beyond the Cure Ambassador Scholarship For College Aged Survivors of Childhood Cancer 2020 – 2021 Information & Application

Mail completed applications to:
**The National Children's Cancer Society
Beyond the Cure Ambassador Scholarship
500 N. Broadway, Suite 1850
St. Louis, MO 63102**

General Information

The Beyond the Cure (BTC) Ambassador Scholarship award is a competitive application process. Fifty-eight survivors will receive a \$3,500 scholarship for the 2020-2021 school year. Not all applicants will receive a scholarship.

Required materials must be postmarked by **March 31, 2020**. **Incomplete, late or electronic submissions will not be accepted.**

Eligibility Requirements

- 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
- Citizen of the United States living within the country and attending school in the U.S.
- Attending an accredited post-secondary school in the fall of 2020
- 2.5 minimum GPA

Evaluation Criteria

Application must include the following:

- Fully completed Beyond the Cure (BTC) Ambassador Scholarship application including a written essay (as directed in application)
- If available, copy of the acceptance letter from the college, university, or vocational/technical school applicant plans on attending in Fall 2019
- Written documentation from a medical professional confirming cancer diagnosis, age and date of diagnosis
- Two letters of recommendation
- Official transcript(s) with signature and/or official school seal (no photocopies)

BTC Ambassador Scholarship Expectations

- Maintain 2.5/4.0 GPA
- Full-time status as defined by college, university, or vocational/technical school (Doctor's note may be required if the candidate is unable to maintain full-time status)
- Provide progress updates to NCCS
- Grades, including GPA, sent after each semester
- Complete 15 hours of volunteer service as an ambassador of The National Children's Cancer Society (NCCS)

Questions?

Please contact Shelly Schuetz at sschuetz@theNCCS.org.

**Recipients will be notified by phone the first week of July 2020.
Please no calls about award decisions!**

All sections MUST be completed in order for you 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, 2020.
Late or incomplete applications will not be considered.**

Applicant

Applicant Name (first, middle, last) _____ Male Female
 Ethnicity: African American Asian White Hispanic/Latino Other (explain) _____
 Date of Birth _____ Are you a U.S. citizen? Yes No
 Street Address _____
 City/State/Zip _____
 Landline Phone # (_____) _____ Cell Phone # (_____) _____
 Email _____
 Diagnosis _____ Date of diagnosis (m/d/yyyy) _____

School Information

- **High School Seniors:** Submit official transcript(s) that includes final grades for all courses taken from 9th grade to the most recently completed semester of high school
- **Home Schooled Seniors:** Send transcript(s) of the courses completed with grades, GPA, supporting test scores (ACT or SAT optional) and any other information that validates successful completion of high school curriculum
- **College Students:** Submit official transcript(s) that includes final grades for all courses taken from freshmen year to the most recently completed semester
(If only one semester of college has been completed, an official high school transcript and college semester transcript is required.)

All transcripts **MUST** have signature and/or official school seal. Unofficial transcript(s) or photocopied transcript(s) will not be accepted.

Please indicate if transcript(s) are being sent directly to the NCCS or included in the application packet.
 Included Sent Separately

Current School

School Name _____ School District (public school, only) _____
 Street Address _____
 City/State/Zip _____
 School Phone # (_____) _____

Other Schools

Please list all other secondary (high school) and post-secondary (college, university, or vocational/technical) schools attended.

Dates Enrolled	School	City/State	Grade(s) Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cancer Diagnosis

A letter from a medical professional confirming your cancer diagnosis **MUST** accompany your application packet and may **not** be used as a letter of recommendation.

The letter should be on letterhead and include:

- Applicant’s age and year of diagnosis
- Type of cancer
- Medical professional’s signature and daytime phone number

Professional’s Name _____ Title _____

Affiliation (hospital or otherwise) _____ Phone # (_____) _____

Please note: Per the NCCS Medical Advisory Board, applications will only be accepted from childhood cancer or high grade or anaplastic brain tumors survivors.

Reference Letters

Submit two letters of recommendation from an individual not related to the applicant such as teacher, coach, community leader or medical professional.

Letters must include length of time reference has known applicant; their affiliation to applicant (i.e. teacher, coach, etc.) **and general impression of the applicant.** Submitted letters become NCCS property and may be used for publications/promotional purposes should a scholarship be awarded.

Please indicate if the letters will be sent directly to the NCCS or included in application packet.

- Included Sent Separate

Reference contact information:

Name	Title	Affiliation	Phone
_____	_____	_____	(____)_____
_____	_____	_____	(____)_____

Essay

*At the NCCS we believe you become a cancer survivor from the time you are diagnosed through the remainder of your life. **What does survivorship mean to you? (Essay must answer/address this question.)***

Format requirements:

- Typed, double spaced
- 12 pt. Times New Roman or Arial font
- One inch margins
- Minimum length of one full page but no more than two pages
- Include applicants name at the top right corner of each page
- The essay will become the property of the NCCS and may be used for future publications/promotional materials should a scholarship be awarded

Applicant name _____

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.)

College, University, or Vocational/Technical School

Please submit the name of the college, university or vocational/technical school applicant will be or currently is attending in fall 2020:

If currently attending college, is applicant a: Freshman Sophomore Junior Senior

If currently attending high school, is applicant accepted for admission? Yes No

If yes, please provide a copy of acceptance letter.

If an acceptance letter has not yet been received, provide current stage of application process:

In all areas where a signature or initials are required, both the applicant and a parent/guardian must sign if applicant is under the age of 18.

To certify that all statements contained in the application are true and submitted essay was written by the applicant, please sign below.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Additional Requirements

BTC Ambassador Scholarship recipients will be required to electronically submit a high resolution photo

Applicant and/or parent/guardian authorizes the NCCS to use applicant's name, photo and essay/letters/story in electronic and digital publications and other promotional purposes Initial below.

Applicant _____

Parent/Guardian _____

Applicant and/or parent/guardian authorizes the NCCS to share scholarship information with the institution applicant will be attending in fall 2020. Initial below.

Applicant _____

Parent/Guardian _____

Applicant name _____

The applicant understands that the grant of the scholarship is subject to interpretation of the application 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 applicant by their initials hereon acknowledges 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. Initial below.

Applicant _____

Parent/Guardian _____

Scholarship Renewals

Scholarship recipients under the age of 25 are eligible for a maximum of four scholarships. Renewal applicants must submit a new application each year and scholarships are neither automatic nor guaranteed.

Scholarship Disbursement

The scholarship award will be paid in equal amounts per semester directly to the college/university/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 must be returned to the NCCS.



Beyond the Cure Ambassador Scholarship Financial Need Form

***To be completed by applicant unless under the age of 18 or considered a dependent.
If a dependent, parent/guardian tax information must be provided.***

Applicant Name (first, middle, last)

Parent/Guardian Name _____

Relationship(s) to Applicant _____

Information from your most recent tax return may be used.

Current Income

	Student	Parent/Guardian
1. Adjusted gross income.	\$ _____	\$ _____
2. Total U.S. income tax paid.	\$ _____	\$ _____
3. At this time, what is the current total balance of savings and checking accounts.	\$ _____	\$ _____
4. Total number of family members.		_____
5. Total number of immediate family members who will be attending college at least part-time during the next academic school year.		_____

Expenses

1. What is your monthly mortgage/rent payment, including 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 verify that all information on this form is true.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If applicant is under 18 years of age)



Beyond the Cure Ambassador Scholarship Check List

Please submit the application in the following order:

- Complete and sign application form. (Include applicant and parent/guardian signatures)
- Letter from a medical professional confirming the diagnosis and date/age at diagnosis
- Copy of an official transcript(s) as directed in the School Information section of the application
*These documents must have a signature and/or official school seal. **Unofficial or photocopied transcripts will not be accepted.** If applicable/available provide copy of collegiate acceptance letter.*
- Essay that follows the required formatting guidelines including **applicant's name at top right corner of each page**
- Two letters of recommendation from individuals unrelated to applicant; letters should include references name, address and phone number
- Financial Need form
- Type or print applicant's name at the top right hand corner of each page of application package; submit in same order as application sections; do NOT staple pages together**
- Submit the entire application package in one envelope; **no faxes**

**DEADLINE: A complete application package must be postmarked by
March 31, 2020**

ONLY COMPLETED APPLICATION PACKAGES WILL BE CONSIDERED

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