

CancerBank.org Scholarship Application

CancerBank.org was founded in 2010 to help Central Florida families that have been impacted by cancer with the expenses that insurance doesn't cover. In an effort to continue to help families, CancerBank.org has started a scholarship fund to help Seminole County High School Seniors who have either themselves or had a parent or sibling living in the household have experienced cancer.

Scholarship up to \$2500.00 per scholarship are funded annually by CancerBank.org

Eligibility

1. Scholarships are limited to registered Seminole County High School Seniors applying to a college, university, or trade school program within Florida.
2. Applicant has documented proof of themselves or an immediate family (parent or sibling living in the same household) member battling cancer.
3. Applicant has shown determination for classroom academic achievement.
4. No candidate shall be denied being recipient of a scholarship on the basis of race, creed, sex, religion, national origin, or any other basis which is prohibited by Section 501 (C) (3) of The Internal Revenue Code.

Application Procedure

Applications may be downloaded from CancerBank.org or requested by the school guidance department from CancerBank by emailing chrisj@cancerbank.org

Completed applications should be mailed to CancerBank.org at the address below.

PLEASE NOTE: A Completed Application includes:

- **CancerBank.org Scholarship Application**
- **High School Transcript with GPA**
- **Personal statement about the impact that a cancer diagnosis has had on the student's life and how they have grown from their experience**
- **Personal statement about how a CancerBank.org Scholarship can make a difference and what the scholarship will be used for**
- **1 Letter of Recommendation**

Application Deadline

Completed applications including the letter of recommendation must be postmarked no later than **March 31**, or hand delivered to CancerBank.org's office no later than 4 p.m. on March 31. Applications postmarked after this date will not be considered.

CancerBank.org
c/o Holy Cross Lake Mary
780 N Sun Dr
Lake Mary, FL 32746

CancerBank.org SCHOLARSHIP APPLICATION
Student Information

1. **Name in full** _____
2. **Address** (street or box) _____
(city, state, zip code) _____
3. **Home Phone** _____ **Cell Phone** _____
4. **Email address** (optional): _____
5. **Parents'/Guardians' name(s):** _____
6. **College/University/Trade School you plan to attend this fall:** _____
7. **Major** _____
Minor or area(s) of concentration _____
8. **ACT or SAT Score** _____
9. **Are you a citizen of the United States?** _____
10. **If chosen, I will be able to provide documentation of cancer diagnosis for myself, my parent, or sibling living in my household if I am selected for this scholarship. YES** _____ **NO** _____

*** Attach High School transcript with GPA.**

By signing this application, I give permission to CancerBank.org to publicize my scholarship award if chosen as the recipient.

Applicant's Signature _____ Date _____

Scholarship awards will be sent directly to the student's chosen college/university/trade school. Recipient must provide CancerBank.org with verification of school registration for scholarship payment.

CancerBank.org SCHOLARSHIP APPLICATION
Student Information

Provide evidence of your school activity participation, community involvement, achievements, and leadership skills supporting your application:

School Activities _____

Community Activities _____

Significant honors, awards and accomplishments that you have received: _____

Leadership position and offices held: _____

CancerBank.org SCHOLARSHIP APPLICATION

**Personal statement about the impact that a cancer diagnosis has had on the student's life
and how they have grown from their experience**

(Can be handwritten on this page or typed and attached, Limit 1 page in length)

CancerBank.org SCHOLARSHIP APPLICATION

**Personal statement about how a CancerBank.org Scholarship can make a difference
and what the scholarship will be used for**

(Can be handwritten on this page or typed and attached Limit 1 page in length)

Letters of Recommendation are due by March 31
Failure to receive this information by the scholarship deadline disqualifies the applying student.

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Lake Mary, FL 32746
or chrisj@cancerbank.org

CancerBank.org SCHOLARSHIP APPLICATION LETTER OF RECOMMENDATION

Name of Applicant _____

The person named above is applying for the CancerBank.org Scholarship. A description of the characteristics and abilities of this applicant would provide supplementary information to the Scholarship Committee.

Please briefly explain, how long and in what capacity have you known the applicant?

PLEASE INDICATE BELOW, ON A SEPARATE SHEET OF PAPER, OR ON THE REVERSE OF THIS FORM, WHY YOU WOULD RECOMMEND THIS PERSON TO BE A DESERVING RECIPIENT OF THE CancerBank.org SCHOLARSHIP.

Signature: _____

I can be reached at: phone _____ email _____