



## **Children's Cancer Center Scholarship Program As part of the Jason Ackerman Fund for Education**

### **GENERAL INFORMATION:**

The Children's Cancer Center sponsors advanced education scholarships for Florida students that have had a diagnosis of cancer or chronic blood disease before the age of 21. Scholarships are for undergraduate degrees from a public university, college, community college, vocational technical school or other approved program.

Scholarships are awarded in increments of \$500.00 with a maximum of \$1,000.00 per year and \$4,000.00 maximum per lifetime. The scholarships are renewable every year based on the applicant meeting the scholarship criteria listed below.

Applications for scholarships may be submitted at any time throughout the year; however, the Center has a limited amount of money available annually for scholarships.

All scholarships must be renewed yearly and there is a separate renewal application.

**All applications are due on Tuesday, June 30<sup>th</sup>, 2009.**

### **SCHOLARSHIP CRITERIA**

In order to be eligible for an advanced education scholarship, an applicant must be:

- ⌘ Diagnosed with cancer or a chronic blood disorder before the age of 21
- ⌘ A legal resident of Florida
- ⌘ Accepted by an accredited university, college, community college or vocational/technical school. ***A copy of your letter of acceptance must be included with your application.***
- ⌘ Complete the application and provide all requested attachments.
- ⌘ Must have a 2.5 GPA and maintain it in order to renew their scholarship
- ⌘ Complete 20 hours of community service per year either at the Children's Cancer Center or other non-profit organization
- ⌘ Be a positive representative of the Children's Cancer Center

Please note that all checks will be made out directly to the school and/or bookstore. Checks will not be made payable directly to the student.

For more information or if you have any questions, please contact Sharin Nelson at (813) 367-5437 x4 or [snelson@childrenscancercenter.org](mailto:snelson@childrenscancercenter.org).

## Children's Cancer Center Scholarship Program

### APPLICATION FOR NEW APPLICANTS

Name:		Date of Birth: ___ / ___ / ___
Parent(s) Names:		
Street Address:		
City:	State:	Zip Code:
Home Phone :		Work Phone:
Cell Phone:		Other Phone:
<b>SCHOOL INFORMATION</b>		
College Planning to attend:		
Street Address:		
City:	State:	Zip Code:
School Phone:		
Student Number or Social Security Number:		
<i>Please include a copy of your acceptance letter with this application</i>		
List the school year you are applying for:		
List your academic major(s):		
Please list your projected expenses for next year:		
Tuition: \$ _____	Room/Board: \$ _____	
Books: \$ _____	Lab Fees: \$ _____	
Other: \$ _____		
<b>COMMUNITY SERVICE</b>		
Agency where you completed service hours:		
Examples of activities you assisted with: _____		
<b>DIAGNOSIS</b>		
Please note your diagnosis:		
<input type="checkbox"/> Cancer Patient currently on treatment <input type="checkbox"/> Cancer Survivor <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Hemophilia Year Diagnosed: _____		
Pediatric Hematologist/Oncologist You Currently See: _____		
OR		
Pediatric Hematologist/Oncologist Who Treated You in the Past: _____		

**OTHER FINANCIAL AID**

Have you applied for any other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received any other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list the scholarships and amount granted:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Have you applied for a Florida Bright Futures scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

If you, did you receive it? Yes \_\_\_\_\_ No \_\_\_\_\_

**ESSAY QUESTIONS**

Please answer on a separate piece of paper:

1. How do you feel the scholarship will assist with your advanced education?
2. How has your diagnosis impacted your plans for the future?
3. What are you looking forward to most about school?

I verify that the above information and all enclosures included with this application are accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make sure your form is complete and send to:**

Children's Cancer Center  
Attention: Sharin Nelson  
4901 W. Cypress Street  
Tampa, FL 33607

With questions, please call Sharin Nelson at 813/367-5437 x 4.

**FINAL CHECKLIST FOR MAILING:**

- A copy of final high school transcripts
- A copy of your letter of acceptance
- A letter from agency where service hours were completed
- Attached sheet with answers to essay questions



**CHILDREN'S  
CANCER CENTER**

*Because kids should fly kites,  
not fight cancer.*