



KIDSCAN Scholarship

SCHOLARSHIP CRITERIA:

1. The KIDSCAN Scholarships are awarded annually to 2 or more Collier County graduating high school seniors who are pursuing a higher education.
2. An applicant for a KIDSCAN Scholarship must have a link to Cancer in his/her family, whether it is the applicant himself/herself or a parent or sibling in his/her immediate family. Doctor's proof is required. See Page 3.
3. An applicant must have maintained a 3.0 GPA or higher throughout his/her high school career. High school transcript required. *Special cases will be taken into consideration.*
4. An applicant must reside in Collier County for at least one full year including senior year.
5. 50 hours of community service are required to have been completed by an applicant by time of application.
6. **An applicant must complete the application below and be received in the CAN office by March 15, 2010. The winner will be notified by April 30, 2010.** A certificate will be presented to winner at his/her school awards ceremony. Scholarship money will be sent directly to the college/training institution once copies of notice of acceptance of admission and schedule of classes has been received at the CAN office.
7. The KIDSCAN board members will review all *fully completed* applications. No consideration shall be given to race, color, sex, or national origin.

PERSONAL DATA:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Cell: _____

EDUCATIONAL DATA:

High School Attended: _____

Address: _____ City: _____ ST: _____

Grade Point Average (Attach Copy of Last Report): _____

SAT Score (Attach Copy of Report): _____ ACT Score (Attach Copy of Report): _____

COLLEGE/UNIVERSITY/SCHOOL APPLIED TO

What month are you planning to begin school/training? _____

Name of educational institution: _____

Address: _____ City: _____ ST: _____

Degree or course of study interested in? _____

Estimate of tuition for 2010 – 2011 _____

Please list any activities or hobbies you are involved in: _____

Please attach one letter of recommendation from a counselor, teacher, coach, or other adult who has personally worked with you in a mentoring or educational role.

_____ (Name of person writing letter of recommendation)

PERSONAL ESSAY

Please describe how cancer has affected your life. (Complete on a separate sheet of paper).

Mail application to: **KIDSCAN Scholarships**
 c/o Cancer Alliance of Naples (CAN)
 733 Fourth Avenue N
 Naples, FL 34102

- Checklist:
Completed Application
Essay
Letter of Recommendation
SAT/ACT Report
Doctor’s Proof Form—sent directly to CAN by physician
High School Transcript

Signature of Applicant _____ Date _____



STUDENT’S REQUEST FOR PHYSICIAN VERIFICATION

I, _____, am applying for a Scholarship from KIDSCAN, part of the Cancer Alliance of Naples (CAN) to further my education after graduating this year from a Collier County high school. One of the requirements to win a scholarship is that my physician or that of my parent or sibling provide verification that I or an immediate member of my family is a cancer patient currently in treatment or a cancer survivor under the care of the physician named below.

PATIENT’S NAME _____

PATIENT’S DATE OF BIRTH _____ SOCIAL SECURITY # _____

PATIENT’S SIGNATURE _____ DATE _____

RELATIONSHIP TO STUDENT APPLYING FOR SCHOLARSHIP IF STUDENT IS NOT THE PATIENT _____

STUDENT’S SIGNATURE IF NOT THE PATIENT _____

PHYSICIAN’S VERIFICATION OF CANCER TREATMENT

PHYSICIAN’S NAME (PRINT) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

TYPE OF CANCER _____ CURRENTLY IN TREATMENT (Yes/No) _____

PHYSICIAN’S SIGNATURE _____ DATE _____

MAIL DIRECTLY TO: **KIDSCAN SCHOLARSHIP**
C/O CANCER ALLIANCE OF NAPLES
733 Fourth Avenue North, 2nd Floor
Naples, FL 34102
239/436-HOPE (4673) FAX: 239/436-5476