

KidsCAN Scholarship

2020-2021

SCHOLARSHIP CRITERIA:

- 1) An applicant for a KIDSCAN Scholarship must have a link to Cancer, whether it is the student applicant who has/had cancer, or the student's parent or sibling. Doctor's proof is required. *No other relatives with cancer, including grandparents, can be considered as immediate family members when applying for this scholarship.*
- 2) KIDSCAN Scholarships are awarded annually to 2 or more Collier or Lee County graduating high school seniors who are pursuing a higher education. This include colleges and universities, trade and business schools, or other post-high school training. Awards range between \$500 to \$2,500.
- 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 if student has/had cancer.*
- 4) An applicant must reside in Collier or Lee County for at least one full year including senior year.
- 5) 50 hours of community service. Verification letter from a 501c (3) must be submitted along with application.
- 6) **Applicant's fully completed application must be received in the CAN office by April 1, 2021.**
- 7) Winners will be notified. If you do not hear from CAN by **May 29, 2021**, Contact us. A certificate will be presented to each winner at his/her school's awards ceremony or other arrangements can be made.
- 8) SCHOLARSHIP MONEY WILL BE SENT DIRECTLY TO THE COLLEGE/TRAINING INSTITUTION. *No Checks will be made to individuals.* CAN must receive a copy of your admission letter, valid school ID number, class schedule, contact information and address as to where check is to be mailed.
- 9) KIDSCAN junior board members will review all *fully completed* applications. It is the policy of Cancer Alliance of Naples to provide equal opportunity to all persons regardless of religion, age, ethnicity, race, gender identity, sexual orientation, economic circumstance, characteristics and philosophy. All high schools in Collier and Lee County are eligible.



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PERSONAL DATA:

Name: _____ Date of Birth: _____

Address: _____

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

Email Address: _____ Cell: _____

Length of Time Residing in Collier or Lee County: _____

EDUCATIONAL DATA:

High School Attending: _____

Address: _____ City: _____ ST: _____

Grade Point Average (*Copy of High School Transcript Required*): _____

COLLEGE/UNIVERSITY/TRAINING CENTER 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 2020-2021 _____

Please List Any Activities Or Hobbies You Are Involved In: _____

Attach A 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: _____



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COMMUNITY SERVICE HOURS

Community Service Hours Completed When Application Submitted (**50 required**) _____

Letter on Professional Letterhead with Supervisor Contact Information Must Be Submitted with Application.

PERSONAL ESSAY: 750-1000 WORDS:

Describe How Cancer Affected Your Life. What You Have Learned from The Experience. How It Shaped Your Dreams and Aspirations and How This Scholarship Will Assist in Supporting You to Reach Your Goal(s)?

ESSAY WEIGHS HEAVILY TOWARD SELECTION

Complete on Separate Sheet of Paper

Mail application to:

**KIDSCAN Scholarships
c/o Cancer Alliance of Naples (CAN)
3384 Woods Edge Circle Suite 102
Bonita Springs, FL 34134**

Checklist:

- ___ Completed Application
- ___ Personal Essay 750-1000 Words on a Separate Sheet
- ___ Letter of Recommendation
- ___ Letter on Professional Letterhead Verifying Community Service Hours
- ___ High School Transcript
- ___ Copy of Driver's License or Other Proof of Collier or Lee County Residence
- ___ Physician Verification Form. **Doctor Must Fax from His/Her Office.** Fax to: (239) 643-4616

Signature of Student Applicant _____ Date _____



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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 or Lee County high school. One of the requirements is that my oncologist OR my parent or sibling's oncologist must provide verification that I or an immediate member of my family is now or has been a cancer patient under your care as a physician.

____ (Check here) My parent or sibling passed away from cancer. A physician's verification can be used or copy of the death certificate can be provided indicating cancer, in place of a physician's verification below. A physician must be an oncologist.

CANCER PATIENT'S NAME _____

PATIENT'S DATE OF BIRTH _____

RELATIONSHIP TO SCHOLARSHIP APPLICANT IF STUDENT IS NOT THE CANCER PATIENT

Father _____ Mother _____ Sibling _____

STUDENT'S SIGNATURE _____ Date _____

PARENT OR GUARDIAN'S SIGNATURE _____ Date _____

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PHYSICIAN'S VERIFICATION OF CANCER TREATMENT

PHYSICIAN'S NAME (PRINT) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

TYPE OF CANCER _____ Currently in Treatment (YES/NO) _____

If Not in Treatment, Current Status: _____

PHYSICIAN'S SIGNATURE _____ DATE _____

MAIL DIRECTLY TO: **KIDSCAN SCHOLARSHIP**
C/O: CANCER ALLIANCE OF NAPLES
3384 Woods Edge Circle Suite 102
Bonita Springs, FL 34134
(239)643-HOPE (4673) • FAX:(239) 643-4616