



JOHN W. LUTTRELL SCHOLARSHIP APPLICATION

Date: _____

Please complete all sections of this application.

Applications may be emailed to: info@childrenscancernetwork.org or mailed to Children's Cancer Network, 6150 W. Chandler Blvd., Ste. 1, Chandler, AZ 85226. The application, essay questions, and all letters of recommendation must be **received by May 15th at 11:59pm** in order for the applicant to be considered for a scholarship award. The essays should be typed if at all possible. Thank you!

Name of person completing this application: _____ Relationship to applicant: _____

I. Applicant

name _____

address _____

city, state, zip _____

primary phone number (home or cell) _____ e-mail address _____ Date of birth _____ age _____

II. Applicant's Association with Childhood Cancer

- Childhood cancer survivor
- Sibling of childhood cancer patient
- Parent of childhood cancer patient

Type of cancer? _____

Age at time of diagnosis? _____

City/hospital/physician for treatment? _____

Please describe your cancer journey including type and length of treatment:

III. Education and/or Work History

Current school and/or current occupation: _____

Date of high school graduation: _____

High school cumulative GPA: _____ Current GPA (if currently enrolled in a post secondary education program)

Will you be a (circle one) Part time student Full time student

Name and address of institution attending/planning to attend: _____

Degree or certification seeking and length of schooling for that program: _____

Field of study and/or career objective: _____

Describe your extracurricular activities/clubs/organizations/community service and the length of your involvement:

With which CCN Programs have you been involved either as a volunteer or a recipient? Please check all that apply.

Gas and Food Card Program

John W. Luttrell Scholarship Program

CCN Bed Program

It's All About You

Back to School Adopt or Holiday Surprises Adopt A Family

CCN Wig Program

HOPE: Honoring Our Peers Everyday

All Star Siblings

Survivorship Conference

Other: _____

IV. Financial Considerations

Number of people living in your household:

Other family members in college no yes if yes, how many? _____

Do you have dependent children? no yes if yes, how many?? _____

Family income for last year? 0-\$24,999 \$25,000-\$49,999 \$50,000-\$99,999 over \$100,000

Have you been awarded any other scholarships or financial aid for the upcoming school year? If so, please identify the amount, source, and dates awarded.

V. Essay Questions

On a separate piece of paper, in 500 words or less for each question, please answer the following in your own words. If you are receiving assistance with this application, please have your assistant use your words.

1. Provide a description of yourself including your hobbies and activities that you enjoy.
2. How has childhood cancer impacted your life?
3. What goals have you accomplished within the past year and describe the impact this has had on your life?
4. What are your goals for the upcoming year and how will this educational opportunity assist you in accomplishing these goals?

VI. Letters of Recommendation

Along with this completed application, please submit two letters of recommendations *written within the past year* from non-related persons.

Thank you for your interest in Children's Cancer Network's John W. Luttrell Scholarship Program and for taking the time to complete this application!