John W. Luttrell

Scholarship Application

General Instructions: Parents

- This is a scholarship for childhood cancer survivors, siblings, or parents of childhood cancer fighters who may or may not have survived their cancer to continue their post- secondary education through a certification, diploma, associate degree, bachelor's degree or master's degree in their chosen field of study.
- All applicants must reside in Arizona or have received cancer treatment in Arizona. Those who reside in Arizona may plan to attend schools outside of Arizona.
- Although not a requirement, ideally, each applicant will have participated in Children's Cancer Network events or programs at some point prior to the application.
- Applications will be accepted online only from March 1st through April 30th annually.
- Award notifications will occur by June 30th.
- Please have 2 letters of recommendation from non-related people written within one year of the application date ready to submit when you submit your application. Please include the contact information for each person on their letter of recommendation.
- Please review the application to prepare for the questions. Plan to complete and submit your application when you sit down to begin the application. There will be no opportunity to save the application during the process. If all documents and essay questions are prepared as suggested, the application process should take no more than 45 minutes.
- Please prepare your essay question answers in a word document prior to beginning this application. When prompted during the application, you may cut and paste your answers into the designated area.
- FOR THOSE APPLYING FOR A SCHOLARSHIP FOR THE 2ND OR 3RD YEAR, PLEASE REFRESH YOUR ANSWERS ANNUALLY TO REFLECT YOUR ACTIVITIES, GROWTH, AND CURRENT GOALS. THANK YOU.
    - o During the application process, you will answer each of these questions:
        - Please describe your family's cancer journey including type and length of treatment (no maximum word count)
        - Provide a description of yourself including your hobbies and activities that you enjoy. Please include your activities/clubs/organizations/community service and your length of involvement. (500 words or less)
        - How has childhood cancer impacted your life? (500 words or less)
        - What goals have you accomplished within the past year and describe the impact this has had on your life? (500 words or less)
        - What are your goals for the upcoming year and how will this educational opportunity assist you in accomplishing these goals? (500 words or less)
- Questions? Please contact Martha Castro at Martha.Castro@childrenscancernetwork.org

Date: _____

Name* : _____

Current address* : _____

_____

Primary phone* : _____ **Email* :** _____

Date of birth* : _____ **Age at time of application* :** _____

NAME & RELATIONSHIP TO APPLICANT OF PERSON COMPLETING THIS APPLICATION:

CANCER / FAMILY HISTORY:

What is the name of your cancer fighter ?_____

How old was your child at the time of the diagnosis?_____

Do you have other children? If so, please list their names and birthdates. _____

_____

What was your child's cancer diagnosis? _____

Where did your child receive your treatment? (city, hospital, MD). _____

Is your your child currently receiving treatment for cancer? _____

Please describe your family's cancer journey including type and length of treatment (no maximum word count)

Additional comments: _____

_____

Current Status:

Current school you are attending and/or current occupation* : _____

_____

Actual/planned date of high school graduation* : _____ High school cumulative GPA: _____

Current GPA if currently enrolled in a post-secondary education program: _____

Education Plans:

Name of school you plan to attend* : _____

Address of school you plan to attend* : _____

_____

Degree or certification you are seeking* : _____

Career objective* : _____

Do you plan to attend school part time or full time?* _____

Have you received a scholarship from Children's Cancer Network in the past? _____

Children's Cancer Network involvement* :

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

- ☐ Gas and Food Card Program
- ☐ CCN Bed Program
- ☐ CCN Wig Program
- ☐ All Star Siblings
- ☐ Back to School Adopt or Holiday Surprises Adopt A Family
- ☐ John W. Luttrell Scholarship Program
- ☐ It's All About You
- ☐ HOPE: Honoring Our Peers Everyday
- ☐ Survivorship Education
- ☐ Other: _____
- ☐ None

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. _____

_____

Please proceed to the next page to complete the essay questions for the application. Thank you!

Provide a description of yourself including your hobbies and activities that you enjoy. Please include your activities/clubs/organizations/community service and your length of involvement. (500 words or less)

How has childhood cancer impacted your life? (500 words or less)

What goals have you accomplished within the past year and describe the impact this has had on your life? (500 words or less)

What are your goals for the upcoming year and how will this educational opportunity assist you in accomplishing these goals? (500 words or less)

Please submit 2 current letters of recommendation with this completed application. Thank you for your interest in Children's Cancer Network's John W. Luttrell Scholarship Program.