



# Kids Cancer Alliance Sibling Scholarship Application 2020

## Kids Cancer Alliance Sibling Scholarship Application

The KCA Scholarship fund was established to support siblings from families affected by childhood cancer and to assist them in pursuing their academic and professional goals. The scholarship is designed to ease the financial burden of obtaining an education from an accredited university, community college, vocational or technical school. Kids Cancer Alliance is accepting applications from individuals who meet the criteria, demonstrate financial need, and show academic and personal potential.

### CRITERIA:

- 1) The applicant must have attended Sibling Camp between the ages of 6 and 18.
- 2) The applicant must be a full time (minimum 12 credit hours per semester) student at an accredited university, community college, vocational or technical school.
- 3) The applicant must be a citizen of the United States.
- 4) The applicant must return a completed application, school transcripts, completed essays, and 2 letters of recommendation by April 1, 2020.
- 5) The applicant must apply for the KCA scholarship the first time by the age of 21, although funds may be awarded after the age of 21, but no later than age 25.
- 6) The applicant must demonstrate financial need.

### HOW AWARDS ARE RECEIVED:

Scholarship awards are given on an annual basis, except in instances where a four year scholarship is awarded. If you are awarded a 4 year scholarship, criteria will be provided to you outlining the standards for maintaining the scholarship. Applications will be reviewed by an independent committee of volunteers, who will recommend awards to the Kids Cancer Alliance Board of Directors. Multiple applicants may receive awards, depending on the strength of the applicants and the funds available. The scholarship is not automatically renewed, although applicants may re-apply consecutive year if they still meet the criteria. Applicants that are re-applying must maintain a GPA of 2.5. If your GPA falls outside of this range, please share your circumstances with the selection committee on an additional page.

### ADDITIONAL INFORMATION:

Scholarship payments are sent directly to the educational institutions on your behalf. **The full amount is sent at the beginning of the school year.** You must be accepted by a school by May 1<sup>st</sup> to receive the scholarship.

If you are awarded a scholarship, we will also ask you to complete a brief progress report in December and in June. The scholarship committee appreciates your hard work and wants to celebrate your progress.

If you are homeschooled you are still eligible for the scholarship. Please attach a copy of your curriculum, transcript, and any supporting documentation you would like the committee to review.

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## Section A - Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: Female: Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Expected cost of tuition, room, and board per year: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_

School: \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Expected cost of tuition, room and board per year: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP Code

**Section B - Financial Information (Student)**

Do you live with your parents/guardians when not at school: \_\_\_\_\_

If not how long have you lived independently: \_\_\_\_\_

Will your parents/guardians contribute to your school expenses? \_\_\_\_\_ Amount: \_\_\_\_\_

Will you contribute to your school expenses? \_\_\_\_\_ If so what is the source/amount of your income: \_\_\_\_\_

\_\_\_\_\_

Please specify any type of employment, scholarships, and financial aid: \_\_\_\_\_

\_\_\_\_\_

If you are already attending school, how much student loan debt do you have? \_\_\_\_\_

\_\_\_\_\_

**Section C - Financial Information (Parents/Guardians)**

Please list your Household Gross Annual Income: \_\_\_\_\_

How many people is this household supporting total ? \_\_\_\_\_ (children: \_\_\_\_\_ adults: \_\_\_\_\_)

Do you own your home outright or  
have you taken out a home mortgage?: \_\_\_\_\_ If so, how much do you owe: \_\_\_\_\_

List any other source of income & amounts (please include any other family support, alimony, etc.):

\_\_\_\_\_

\_\_\_\_\_

Describe any outstanding debts. Please list amounts (example: credit card debt \$2,500). The more information you are able to provide the easier it is for the scholarship committee to understand your financial situation.

\_\_\_\_\_

\_\_\_\_\_

Describe any specific information impacting your family's financial need in meeting the applicant's educational goals (future medical bills, other siblings in college, etc): The more information you are able to provide the easier it is for the scholarship committee to understand your financial situation.

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\_\_\_\_\_

## Section D – School Information (student please fill out section)

Applicant: Please list any extracurricular activities you have been involved in: \_\_\_\_\_

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Applicant: Please list any honors/awards you have received: \_\_\_\_\_

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## Section E – Essay and Letters of Recommendation

**Essay:** Please attach two 300 word essays, and thoroughly answer each question below.

1. Please describe your experience as a sibling and how you have benefited directly from Kids Cancer Alliance.
2. Please share your plans for the future, your goals, and how this scholarship will help you achieve them.

**Letters of Recommendation:** Please also include 2 letters of recommendation from non-family members. These letters should be from educators, mentors, etc. Please choose people who know you well, and can speak to your attributes and character. **The exact form that should be completed is included, and should be mailed directly to Kids Cancer Alliance.** A fillable digital copy will also be available on [Kidscanceralliance.org](http://Kidscanceralliance.org) if emailing it would be preferred.

**Academic Report:** School officials **must** complete the academic report. **The exact form that should be completed is included and should be mailed directly to Kids Cancer Alliance.** A fillable digital copy will also be available on [Kidscanceralliance.org](http://Kidscanceralliance.org) if emailing it would be preferred.

## Additional Information

All paperwork must be received by **April 1, 2020**. Only completed applications will be presented to the committee for review. You will be notified in early May if you have been awarded a scholarship.

For questions about this program contact Leah McComb at 502.365.1538 or by email [Leah@kidscanceralliance.org](mailto:Leah@kidscanceralliance.org)

Please send completed applications to: Kids Cancer Alliance, P.O. Box 24337, Louisville, KY 40224 Attn: Leah McComb or by email at [leah@kidscanceralliance.org](mailto:leah@kidscanceralliance.org)



# Kids Cancer Alliance Sibling Scholarship Application 2020

## Academic Report

The KCA Scholarship fund was established to support siblings from families affected by childhood cancer and to assist them in pursuing their academic and professional goals. The scholarship is designed to ease the financial burden of obtaining an education from an accredited university, community college, vocational or technical school.

Please have a school official complete the following academic report and send it directly to Kids Cancer Alliance by April 1<sup>st</sup>.

Physical Mailing Address: Kids Cancer Alliance, P.O. Box 24337, Louisville KY, 40224  
Email: leah@kidscanceralliance.org

Name of Student: \_\_\_\_\_

Grade Point Average (unweighted, based on a 4.0 scale): \_\_\_\_\_

Rank in class: \_\_\_\_\_ Size of graduating class: \_\_\_\_\_

Applicants highest SAT/ACT score: \_\_\_\_\_

Is there any additional information you would like to share about this student's academic performance?

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This information has been completed by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

May we contact you if we have additional questions? \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



# Kids Cancer Alliance Sibling Survivor Scholarship Application 2020

## Letter of Recommendation

The KCA Scholarship fund was established to support siblings from families affected by childhood cancer and to assist them in pursuing their academic and professional goals. The scholarship is designed to ease the financial burden of obtaining an education from an accredited university, community college, vocational or technical school.

Please have your references complete the following letter of recommendation and send it directly to Kids Cancer Alliance by April 1<sup>st</sup>.

Physical Mailing Address: Kids Cancer Alliance, P.O. Box 24337, Louisville KY, 40224  
Email: leah@kidscanceralliance.org

Name of Student: \_\_\_\_\_

Please speak to the applicant's academic potential. Is there anything else you would like to share?

LETTER OF RECOMMEDATION:

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This form has been completed by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

How long have known the applicant: \_\_\_\_\_ In what capacity do you know them: \_\_\_\_\_

May we contact you if we have additional questions? \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_