

Carson's Crusaders Scholarship Program 2019-2020 Information & Application Form

Eligibility Requirements

Applicants must meet all of the following criteria:

- Have a sibling who was diagnosed with a solid tumor pediatric cancer or lymphoma and was treated at one of the four following affiliated hospitals:
 - Children's Medical Center Dallas or Legacy Campus Plano
 - Cook Children's Hospital, Fort Worth, TX
 - McLane Children's Hospital, Temple, TX
 - Medical City Children's Hospital, Dallas, TX
- Be 24 years of age or younger as of the application deadline date.
- Be a high school senior or graduate, or current college/university undergraduates.
- Plan to enroll in full-time undergraduate study at an accredited two- or four-year college university for the entire 2019-2020 academic year.
- Have a minimum cumulative grade-point average of a 2.75 on a 4.0 scale. Application is required to submit a transcript of grades.
- Must not be a prior recipient of the Carson's Crusaders Scholarship. All awards are one-time, non-renewable awards.
- Application received in full by April 1, 2019. No late submissions will be selected.

Selection Criteria

The program will consider the following for finalist selection criteria:

- Academic performance
- Demonstrates leadership and participation in school and community activities
- Written essay describing how the applicant's sibling's cancer has impacted his/her life and what the applicant has learned from it.
- Two letters of recommendation (only two will be accepted)

Scholarship Fund Disbursement

The scholarship amount will be paid directly to the college or university for the purpose of defraying tuition and additional fees or books. Awards must be used during the 2019-2020 school year. Any unused funds are to be return to Carson's Crusaders Foundation.

Questions?

Please contact Angi Wedemeyer at a.wedemeyer@carsonscrusadersfoundation.org.

Recipients will be notified by phone the first week of May 2019.

Carson's Crusaders Scholarship Program Application Form

All sections **MUST** be completed in order for your application to be considered. Carefully check each section to make sure you have provided the required information. **All application must be postmarked by April 1, 2019.**

1. Applicant (Please type or print clearly.)

Last Name		First Name		Middle Initial	
Street Address		City	State	Zip	
Date of Birth		Email			
Home Phone		Cell Phone			

2. Cancer Diagnosis

Name of sibling diagnosed with solid tumor pediatric cancer or lymphoma

Please select the hospital your sibling was treated at:

- Children's Medical Center Dallas or Legacy Campus, Plano TX
- Cook Children's Hospital, Fort Worth, TX
- McLane Children's Hospital, Temple, TX
- Medical City Children's Hospital, Dallas, TX

A letter from your sibling's treating physician must accompany your application packet and may not be used as a letter of recommendation. The letter should be on the oncologist's letterhead and include:

- Name of your sibling and when he/she was diagnosed – age and year.
- Type of cancer
- Include oncologist's signature, hospital affiliation and daytime telephone number.

3. School Information

- High school seniors: Submit official transcript(s) that includes final grades for all courses taken from 9th grade to your most recently completed semester of high school.
- College Students: Submit official transcript(s) that includes final grades for all courses taken from your freshman year to your most recent completed semester. **If you have only completed one semester of college, you will need to send your official high school transcript along with the recently completed semester of college.**

Transcripts **MUST** have signature and/or official school seal. Unofficial transcripts or photocopied transcripts will not be accepted.

Current School

School Name School District (Public School Only)

School Street Address

City

State

Zip

Other Schools

Please list all other secondary (high school) and post-secondary (college/university) schools attended.

Dates enrolled	School	City/State	Grade(s) attended
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Dates enrolled	School	City/State	Grade(s) attended
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Dates enrolled	School	City/State	Grade(s) attended
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4. Reference Letters

Submit two letters (only two will be accepted) of recommendation (maximum 300 words) from a non-relative such as a teacher, coach, or community leader. Letters must include how long and in what capacity they have known the applicant and general impression of the applicant. Please have each reference include their name, address and phone number within the letter.

5. Community Service and Leadership Experience

Please list any community service and leadership experience you have been involved with and the dates in which you participated. (Additional sheets may be attached if necessary).

6. College or University

Please submit the name of the college or university you will be attending in the fall of 2019.

Potential area of study: _____

Are you currently accepted for admission? Yes _____ No _____

If yes, please provide a copy of the acceptance letter.

If you have not received an acceptance letter, please indicate where you are at in the application process:

7. Essay

Please respond:

A childhood cancer diagnosis affects the entire family. How have you been personally affected by your sibling's diagnosis and what have you learned from your experience with cancer?

Essay must be typed, double-spaced, 12 pt., Times New Roman with one-inch margins. Essay must be a minimum of one full page but no more than two pages in length. Please include your name on the top of each page.

8. Verification

All statements in this application are true and accurate, and the essay submitted was written by the applicant. If the applicant is under the age of 18, a parent/guardian signature is also required.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

By initialing here you are giving Carson's Crusaders Foundation authorization to share scholarship information with the institution you plan on attending in the fall of 2019.

Parent/Guardian _____ Applicant. _____

The applicants understand that the grant of the scholarship and the amount of the scholarship is at the sole discretion of Carson's Crusaders Foundation. The decision of the Foundation is final and may not be appealed.

Parent/Guardian _____ Applicant. _____

Carson's Crusaders Scholarship Program Application Check List

Only complete applications will be considered.

___ Completed and signed Application Form

___ Letter from sibling's treating oncologist

___ Copy of official transcript.

___ Two letters of recommendation.

___ Essay

___ College or University Acceptance Letter (if applicable)

Submit the entire application package together in one envelope, postmarked by April 1, 2019.

Mail to:
Carson's Crusaders Foundation
906 W. McDermott Suite 116
Box 325
Allen, TX 75013