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**Please submit completed and signed application to** [**scholarship@alexsarmyccf.org**](mailto:scholarship@alexsarmyccf.com) **by March 15, 2022.**

**If you have any questions about this form or the scholarship, please email** [**info@alexsarmyccf.org**](mailto:info@alexsarmyccf.org)**.**

*Scholarship Criteria:*

1. *Applicant must have been diagnosed with any form of childhood cancer prior to their 19th birthday and may currently be in treatment, be in remission, or be a survivor.*
2. *Applicant must be between the ages of 8-20 years old during current scholarship period.*
3. *Applicant should display characteristics such as a competitive spirit, strength and determination, team leadership or team comradery, and an overall passion for athletics.*

## Applicant Information

| Full Name: |  |  |  | Date: |  |
| --- | --- | --- | --- | --- | --- |
|  | Last | First | M.I. |  |  |

| Address: |  | |  |
| --- | --- | --- | --- |
|  | Street Address | | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |

| Phone: |  | Email: |  |
| --- | --- | --- | --- |

| Date of Birth: |  | Current School and Grade: |  |
| --- | --- | --- | --- |

| Cancer Diagnosis: |  | Diagnosis Date: |  |
| --- | --- | --- | --- |

| Pediatric Oncologist/Physician Hospital: |  |
| --- | --- |

## Scholarship Category

*Alex’s Army offers Athletic Spirit scholarships for two types of categories. You may only apply in one category.*

|  | **Sport/Travel/Equipment Expenses:** Scholarship funds received for this category should be used for expenses such as competition fees, travelling for tournaments, equipment purchases. Childhood Cancer takes a toll financially on families and we do not believe that financial burden should prohibit children from being able to compete in the sports they love. |
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|  | **Collegiate Expenses:** Scholarship funds for this category should be used towards the applicants’ college expenses including but not limited to tuition, books, and supplies. |

## Signatures

|  |  |  |
| --- | --- | --- |
| *Signature of Parent/Guardian Date* |  | *Signature of Pediatric Oncologist/Physician Date* |
|  |  |  |
| Name of Parent/Guardian |  | Name of Pediatric Oncologist/Physician |

## Required Essay

*Please share your cancer story as well as how you have displayed characteristics such as a competitive spirit, strength and determination, team leadership or team comradery, and an overall passion for athletics. Please type below. If you prefer to handwrite, please use a separate sheet of lined paper.*