



Wipe Out Kids' Cancer and Michael Young & Cristina Barbosa-Young
present

The Young Heroes Scholarship

Application for Pediatric Cancer Survivors



Instructions: Please supply all the information requested below and return to
The Young Heroes Scholarship
c/o Wipe Out Kids' Cancer
6350 LBJ Freeway, Suite 162
Dallas, TX 75240
Fax: 214.987.4668

A typed application is preferred; black ink must be used. Attach a copy of your most current transcript.

I. Personal Information:

- Name: _____
 - Address: _____ City/State: _____ ZIP: _____
Phone: _____ Email: _____
 - Age: _____ Date of Birth: _____ SS#: _____ US Citizen: _____
 - Cancer Diagnosis: _____
Date Diagnosed: _____ Remission (if applicable): _____
Treating Oncologist: _____ Hospital: _____
 - Current School: _____ Year? Senior in HS or Freshman, Sophomore, Junior in College
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II. School Involvement

1. List most notable community activities & school related extra-curricular activities or recognitions/honors received during High School or College, if applicable.

Activities	Level of Involvement (i.e., officer, member, etc.)

Name: _____

III. Work Experience

List and describe any work experience during the last two years:

Place(s) of Employment	Job Description

IV. Future Plans

1. Proposed field of study/chosen career: _____

2. What college will you attend in Fall 2010? _____

V. RECOMMENDATIONS: (Include one recommendation from each of the following categories.)

A. Letter from one of the following:

- 1. Teacher or extracurricular sponsor
- 2. Community person
- 3. Counselor or administrator

B. Letter from one of the following:

- 1. Church official
- 2. Employer
- 3. Sponsor or friend not related to immediate family

Plus, a letter from your Oncologist stating your diagnosis, date of diagnosis, treatment, and current status. Please include a picture of yourself with the application.

VI. APPLICANT ESSAY: (Please staple to application.)

Length: 500 words or less, 2 typed pages

Format: Standard (8 ½ x 11)
Double spaced with 2" top, bottom & side margins
Please include your name in the top right margin on both pages.

Topic: How your personal journey with cancer has prepared you for college.

Student's Signature

Parent's Signature (if student is under 18)

Date

ORDER OF APPLICATION PACKET:

- 1. Completed application form with applicant's photo attached**
- 2. Two (2) letters of recommendation from categories listed above**
- 3. Letter from Oncologist**
- 4. Typed two (2) page personal essay**
- 5. Copy of most current transcript**