



Karsyn's Krusaders / Jessica Miller Memorial Cancer Scholarship Program

PO Box 2851 · Waterloo IA 50704

(319) 231-7750

2020-2021 Academic Year

Karsyn's Krusaders is pleased to offer a Young Cancer Survivors' & Survivor's Sibling Scholarship Program. We will be awarding five \$1,000.00 scholarships for the 2020/2021 school year. These scholarships are paid directly to the accredited institution. Scholarships are awarded based on the majority decision of the Review Committee. All decisions made by the Karsyn's Krusaders Scholarship Review Committee are final.

To be eligible for a Karsyn's Krusaders Scholarship, one must:

- Have had a diagnosis of cancer before the age of 18 and have been treated for a pediatric form of cancer.
- OR**
- Be a sibling (including biological, half-blood or step-sibling) of a person who was diagnosed with a pediatric form of cancer.
 - *Applicant is between the ages of 16 and 23 and is either a high school senior OR not out of high school more than 4 years.*
 - Applicant is accepted to an accredited university, graduate school, community college, vocational technical school or other accredited facility.
 - *Applicant is enrolled (or plans to enroll) full-time or half-time in an accredited facility.*
 - Applicant must complete a Karsyn's Krusaders Scholarship application form.
 - *Applicant must provide two recommendations: documentation verifying your (or your sibling's) diagnosis and one from a personal reference who is not a relative and over 21 years of age.*
 - Applicant must provide a letter of acceptance from a scholastic institution on letterhead.
 - Applicant must provide a one-page essay describing your life experiences as a cancer survivor or the sibling of a cancer survivor, future goals and the reasons why you need this scholarship.

The Review Committee will evaluate each new application based upon the essay and academic achievement. Please have your application submitted (postmarked) by April 13, 2020 for review for the following academic year.

Karsyn's Krusaders reserves the right at any time for any reason to refrain from offering the scholarship in a particular year.



Pediatric Cancer Survivors' & Siblings Scholarship Application Form

Name of Applicant: _____ Gender: _____ Date of Birth: _____

Are you a cancer survivor or the sibling of a cancer survivor: _____

Address: _____ City/State/Zip: _____

Email Address: _____ Telephone: _____

Parent/Guardian: _____ Telephone: _____

Current School: _____

Current Degree/Program: _____ Anticipated Graduation Date: _____

School Address: _____ City/State/Zip: _____

Current Cumulative GPA: _____ Rank in Class (if available): _____

High School Seniors- Please complete the following additional questions:

School you are planning to attend: _____

Anticipated area of study: _____

All Applicants- Please complete the following questions:

What type of pediatric cancer were you or your sibling diagnosed with: _____

Treatment date (begin/end): _____ Treatment Location: _____

Applicant's Extra Curricular Activities: _____

Applicant's Volunteer History: _____

Additional Information you would like to share with the Review Committee: _____



Please submit the following with the completed application:

- 1) Certified copy of your most recent available transcript.
- 2) Essay, with a minimum of 500 words and a maximum of 1,000 words, describing:
 - a. How pediatric cancer has affected your life, as a survivor or a sibling.
 - b. Your future plans and goals.
 - c. Your desired career path.
 - d. How the award of this scholarship will impact you specifically.
 - e. Applicant must provide two recommendations: documentation verifying your (or your sibling's) diagnosis and one from a personal reference who is not a relative and over 21 years of age.

Please return the application and all above listed documentation by:

Email at: Karsynskrusaders@gmail.com

OR

USPS Mail: PO BOX 2851 Waterloo IA 50704

By signing below, the Applicant attests that the Applicant meets all of the eligibility requirements listed on the application and has truthfully completed the application form, including all of the attachments. The Applicant also authorizes the Review Committee to use the information provided in the application and attachments for the purpose of selecting the scholarship winner.

Signature of Applicant

Date