



www.champsagainstcancer.org

Champions Against Cancer Foundation
P.O. Box 115
Highland, Maryland 20777

championsagainstcancer@gmail.com

APPLICATION FOR THE JOHN L. CHAMPION MEMORIAL SCHOLARSHIP

OVERVIEW

The *Champions Against Cancer Foundation* has established the John L. Champion Memorial Scholarship to support the financial needs of graduating high school seniors whose lives have been affected by cancer. The awards seek to honor the spirit, positivity, sharp mind and determination that John displayed during his life and his 10-month battle with lymphoma. Scholarships will be presented at the respective high school awards ceremony in the spring. Scholarship award amounts will be between \$250 and \$1,000 each.

DUE DATE

Applications are due **no later than March 31, 2018**. Award recipients will be notified by April 15, 2018.

QUALIFICATIONS

- Applicant must be a graduating senior currently attending one of Howard County, Maryland's 12 public high schools;
- Applicant must have a parent/guardian who had or has cancer or has lost a parent/guardian to cancer.
- Applicant will attend a higher education/vocational institution in the fall of 2018.

LETTERS OF RECOMMENDATION

Each application must include the following Letters of Recommendation (two in total). Each recommendation should discuss how cancer has affected the applicant.

- One school recommendation from a teacher or guidance counselor from the high school the applicant is currently attending;
- One community recommendation from one of the following: place of worship, place of employment, counselor/social worker, hospital representative, coach, neighbor, or other non-relative.

PERSONAL INFORMATION

Applicant's Name: _____

Applicant's Date of birth: _____

Applicant's High School: _____

Expected High School Graduation Date: _____

Applicant's Home Address: _____

Applicant's Contact Information:

Cell: _____

Email: _____

***Please note that any awarded scholarship funds will be mailed directly to the educational/vocational institution.**

APPLICANT'S PERSONAL ESSAY (Please attach a typed essay to this application.)

In 250 words or less, please describe how cancer has affected your life.

APPLICANT'S CONFIRMATION OF THE FOLLOWING REQUIRED

I certify that all statements in this application are true. I understand that if I have not been truthful in any aspect of this process, I become ineligible for a scholarship and any funds I have been awarded will be terminated. I also certify that any funds awarded will be used only for fees related to the educational or vocational school I will attend.

Applicant's Signature

Date

Please mail this application, along with two letters of recommendation and personal essay, to:

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