

# **Kids Cancer Alliance Survivor & Sibling Scholarship Application: Prep Sheet – Application must be submitted online.**

This document is to help you prepare to complete the application. If you have any questions, please email us at: [financialassistance@kidscanceralliance.org](mailto:financialassistance@kidscanceralliance.org)

## Eligibility Checklist

- The applicant must have had a pediatric cancer diagnosis prior to their 19th birthday OR be the sibling of a patient.
- The applicant must have attended Camp KCA (Indian Summer Camp).
- The applicant must be a citizen of the United States.
- The applicant must return a completed application, school transcripts, completed essays, and 2 letters of recommendation by March 31, 2025.
- The applicant must be pursuing full-time enrollment at an accredited university, community college, vocational or technical school.
- The applicant must apply for the KCA scholarship the first time by the age of 21, although funds may be awarded after the age of 21, but no later than age 25.

## Intended School(s) Information

- School Name
- School Location (City, State)
- Have you been accepted?
- Expected Cost (Tuition, Room & Board per year)
- School Name #2
- School #2 Location (City, State)
- Have you been accepted to School #2?
- Expected Cost School #2 (Tuition, Room & Board per year)

## Student Contributions to School Expenses

- Savings
- Awarded Grants (KEES, etc): List description/organization and amount
- Awarded Scholarships for Upcoming Year: List description/organization and amount
- Expected Loans for Upcoming Year: List description/organization and amount
- Expected Employment Incoming for Upcoming Year: List description/organization and amount
- Other: List description/organization and amount
- If you are already attending school, how much student loan debt do you have?

## Parent/Guardian Financial Information

- Do you live with your parents/guardians when not at school?
- Parent's Marital Status
- Will your parents/guardians be contributing to your school expenses?
- If so, how much per year?
- Parent/Guardian Income #1:
- Parent/Guardian Income #2:
- Disability/SSI:
- Alimony:
- Other Income: (please describe)
- Number of Adults in Household:
- Total Number of Children in Household:
- Number of persons that will be in college within the next four years (including applicant).
- Do you have a mortgage?
- How much is owed on the mortgage?
- Medical Debt:
- Credit Card Debt:
- Vehicle Debt:
- Other Debt: (please describe)
- Describe any specific information impacting your family's financial need in meeting the applicant's educational goals:

## School Activities/Awards

- Please list any extracurricular activities in which you are or have been involved: List each activity with # of years active
- Please list any honors/awards you have received: Honor/award (organization, date)

## Essays

Please write two 300 word essays for the following prompts. File names should be: Last Name, First Name Essay #

- Essay #1: Please describe how childhood cancer has impacted your life and how Kids Cancer Alliance has been there for you and your family.
- Essay #2: Please share your plans for the future, your goals, and how this scholarship will help you achieve them.

## Letters of Recommendation

Your application must include TWO letters of recommendation from non-family. These letters can be from educators, mentors, doctors, etc. Please choose people who know you well and can speak to your attributes and character.

Download the [Letter of Recommendation Form](#) OR enter the email addresses for your two contacts and we will email them the form.

## Academic Report

Download the [Academic Report Form](#) OR enter the email for a school administrator and we will email them directly.