

Children's Cancer Network

**JOHN W. LUTTRELL SCHOLARSHIP**  
**APPLICATION**

Date: \_\_\_\_\_

**PART I**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PART II**

What is the applicant's association with childhood cancer?

Choose one:

- Childhood cancer survivor
- Sibling of childhood cancer patient
- Parent or close relative of childhood cancer patient

Answer the following:

Type of cancer? \_\_\_\_\_

Age at time of diagnosis? \_\_\_\_\_

City/hospital/physician for treatment? \_\_\_\_\_

Type of treatment? \_\_\_\_\_

**PART III**

Current school or current occupation: \_\_\_\_\_

Date of high school graduation: \_\_\_\_\_

High school cumulative GPA: \_\_\_\_\_ Current GPA if already in post-secondary education program: \_\_\_\_\_

Name and address of institution attending/planning to attend: \_\_\_\_\_

Degree or Certification seeking and length of program: \_\_\_\_\_

Field of study or career objective: \_\_\_\_\_

**PART IV**

Family size? \_\_\_\_\_ Other family members in college?  No  Yes How many? \_\_\_\_\_

Do you have dependent children?  No  Yes Ages? \_\_\_\_\_

Family income for last year?

- 0-\$24,999
- \$25,000-\$49,999
- \$50,000 - \$99,999
- Over \$100,000

Have you been awarded any other scholarships or financial aid? If so, please identify amount, source and dates awarded.

**PART V**

In 500 words or less for each question, please answer the following (*on a separate sheet of paper*):

1. Provide a description of yourself including your hobbies and activities that you enjoy.
2. How has childhood cancer impacted your life?
3. What are your future goals and how will this educational opportunity help you achieve them?

**PART VI**

Please submit two letters of recommendation from non-related persons along with this completed application.