



SCAPHON SCHOLARSHIP APPLICATION

- Childhood Cancer Survivor (You will be considered for **all** of the following)
- Denisse Heard Childhood Cancer Survivor Scholarship
 - Eric-Stig Engblom Memorial Childhood Cancer Survivor Scholarship
 - Gloria Velasquez Memorial Childhood Cancer Scholarship
 - Amy Nishimura Memorial Childhood Cancer Survivor Scholarship

For additional info regarding each scholarship please go to www.scaphon.org

To Apply:

1. Complete the Scholarship application below.
2. Submit a one page personal essay describing your personal experience and how it has impacted you and your plans for the future. Discuss how you plan to use the scholarship funds.
3. Include proof of registration and/or letter of acceptance and/or copy of recent transcripts from your program of education.
4. Return completed application and materials to:
LynnSchubert, BSN RNC CPON
11311 Hohokum Way
San Diego, CA 92127

For questions, please email lschubert@rchsd.org or call (858) 576-1700 ext 7136

Personal Data

Name: _____

Address: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Name of Treatment Institution: _____

Diagnosis/Year: _____

Education

Name of School/Institution currently attending or planning to attend: _____

Major/Degree: _____

Name/Phone Number of References:
(Example: one from treatment institution, one personal – minister, teacher, advisor, etc...)

1. _____

2. _____

Applications must be postmarked by April 1st of each year.

For Internal Use Only:

- Approved/Notified: _____
- Declined/Notified: _____



SCAPHON Childhood Cancer Survivor Scholarships

PURPOSE

To establish a process whereby SCAPHON is able to provide monetary support to individuals who have received treatment at a Southern California Institution for a cancer diagnosis including, but not exclusive to, Leukemia, Osteosarcoma, Neuroblastoma, or a CNS Tumor, and are planning to obtain a post high-school education (College/University, Community/Junior College, or Vocational School).

ELIGIBILITY

- Applicant must be an individual treated for a cancer diagnosis
- Applicant has made a commitment to post high-school education
- Applicant must be a resident of Southern California
- Application can be submitted for consideration each year, but an individual may receive award only once (**NOTE: Each application will be considered for all four Childhood Cancer Survivor Scholarships. There is no need to submit an application for each one separately.**)

APPLICATION PROCEDURE

- Complete Educational Scholarship application
- Submit one page personal essay
- Include proof of registration and/or letter of acceptance and/or copy of recent transcripts from your program of education
- Submit completed material to address on application form

AWARDING FUNDS

A \$1000 scholarship will be awarded each year. The recipient will receive the award upon approval by the SCAPHON board.

AWARDING SCHOLARSHIPS

Members of the Board of Directors of the Association of Pediatric Hematology Oncology Nurses, Southern California Chapter, will process the applications and make a determination for the award. The recipient will be notified by mail. The award will be announced at the SCAPHON annual conference held in May.

Applications must be postmarked by April 1st of each year.