



**SCAPHON**

Southern California Association of  
Pediatric Hematology/Oncology Nurses

## 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
- Childhood Hematology Survivor (You will be considered for all of the following)  
SCAPHON Childhood Hematology Survivor Scholarship

For additional info regarding each scholarship please go to [www.scaphon.org](http://www.scaphon.org)

### To Apply:

1. Complete the Scholarship application below.
2. Submit a one page personal essay describing yourself and how you plan to use the scholarship funds.
3. Include proof of registration to educational program and/or copy of recent transcripts.
4. Return completed application and materials to:

Patricia Lorenz, RN MSN CPON  
10970 Ivy Hill Drive Unit 2  
San Diego, CA 92131

For questions, please email [plorenz@rchsd.org](mailto:plorenz@rchsd.org) or call (858) 576-1700 ext 6103

### 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. \_\_\_\_\_

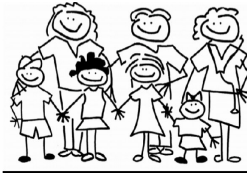
2. \_\_\_\_\_

**APPLICATION DEADLINE: April 15**

For Internal Use Only:

Approved/Notified: \_\_\_\_\_

Declined/Notified: \_\_\_\_\_



**Southern California Association of  
Pediatric Hematology/Oncology Nurses**

## **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 diagnosed with a cancer diagnosis prior to age 21
- Applicant has made a commitment for 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 THREE 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 to educational program
- 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.

**APPLICATION DEADLINE: April 15**