



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

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 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. _____

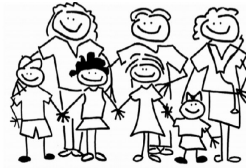
2. _____

APPLICATION DEADLINE: April 15, 2008

For Internal Use Only:

Approved/Notified: _____

Declined/Notified: _____



SCAPHON

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

SCAPHON Childhood Hematology Survivor Scholarship

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 hematological disorder including, but not exclusive to, Thalassemia, Sickle Cell disease, hemophilia, or Blackfan-Diamond Anemia 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 hematological disorder 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

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