

BECKSTRAND CANCER FOUNDATION

20341 Birch Street, Ste. #310 • Newport Beach, CA 92660
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COLLEGE SCHOLARSHIP APPLICATION

On behalf of Beckstrand Cancer Foundation's (BCF) Board of Directors and Scholarship Review Board, we thank you for your interest in The Andi Collins Memorial Scholarship Program. The purpose of our scholarships is to provide financial support to individuals **under the age of 25 who have been diagnosed with cancer, plan to attend/are attending college and who demonstrate financial need**. Applicants must apply via U.S. Postal Mail (only) and submit all required information in its entirety to be considered. The deadline to submit the complete application packet for **first** round consideration is **April 30, 2012**.

To be considered for scholarship, you must:

- Be under the age of 25
- Have been diagnosed with cancer or have ongoing cancer, which is subject to verification by your doctor
- Be a lawful U.S. resident (proof required)
- Be attending or planning to attend an accredited 4-year college or university

To request scholarship, you must provide:

- Original essay (1000 word max.) about how your diagnosis has impacted your life
- Copy of college acceptance letter and official transcripts from high school and college (as applicable)
- Completed application with financial info, tax returns and treating doctor's signature
- Two letters of recommendation from non-related persons

To receive a scholarship, you must:

- Maintain an overall 3.0 GPA
- Be a full-time student
- Accept award payable in equal amounts directly to the college or university for the purpose of defraying tuition and other fees (books not included)

Submit your completed application to the Beckstrand Cancer Foundation mailing address above, ATTN: Scholarship Review Board. **Incomplete applications will not be forwarded to the Scholarship Review Board for consideration.** Scholarship winners will be notified by July 15, 2012. Applications and supporting documents will not be returned.

STUDENT APPLICANT INFORMATION

| | | |
|----------------|------------|----------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
| STREET ADDRESS | CITY/STATE | ZIP CODE |

HOME PHONE

CELL PHONE

EMAIL ADDRESS

DATE OF BIRTH

PLACE OF BIRTH

SOCIAL SECURITY #

GENDER

| MEDICAL HISTORY | |
|---|-------------------|
| TO BE COMPLETED BY YOUR DOCTOR: CANCER DIAGNOSIS | DATE OF DIAGNOSIS |
| TO BE COMPLETED BY YOUR DOCTOR: CANCER-RELATED TREATMENTS | |

| DOCTOR INFORMATION | |
|---|-------------------|
| MEDICAL ONCOLOGIST | OFFICE PHONE |
| MEDICAL ONCOLOGIST'S SIGNATURE | DATE OF SIGNATURE |
| PATIENT'S SIGNATURE (authorizes release of medical information) | DATE OF SIGNATURE |

| EDUCATION | | |
|----------------|----------------|----------|
| HIGH SCHOOL | DATE GRADUATED | GPA |
| STREET ADDRESS | CITY/STATE | ZIP CODE |

| | | |
|----------------------|-----------------------------|----------|
| COLLEGE/UNIVERSITY | ANTICIPATED GRADUATION DATE | GPA |
| STREET ADDRESS | CITY/STATE | ZIP CODE |
| MAJOR FIELD OF STUDY | CAREER OBJECTIVE | |

FINANCIAL INFORMATION

If you are a dependent student, please also have your parent(s)/guardian(s) complete this form using their 2011 Federal Income Tax Return. If they have not yet filed, please have them use their 2010 Federal Income Tax Return. You qualify as a dependent if you are under 24 years of age and are none of the following: 1) a ward of the court, 2) married and living away from your parents, 3) have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those two years, 4) have served in the military. **Attach** a copy of the first two pages of the tax return used to complete this section.

Total number of family members: _____

Total number of immediate family members who will be attending college at least part-time during the next academic school year: _____

I am using: Actual numbers from 2011 tax return 2010 tax return

I am: Dependent (complete both sections A & B) Independent (complete only section A)

| A. CURRENT INCOME -- STUDENT | |
|--|-------------|
| 1. Adjusted Gross Income | 1. \$ _____ |
| 2. Total U.S. Income Tax Paid | 2. \$ _____ |
| 3. Income Earned from Work | 3. \$ _____ |
| 4. Total Dollar Amount of Scholarships Awarded this Year | 4. \$ _____ |
| 5. Additional Income (Source: _____) | 5. \$ _____ |
| 6. Total Student Income | 6. \$ _____ |

| B. CURRENT INCOME -- PARENT | |
|---------------------------------------|-------------|
| 1. Adjusted Gross Income | 1. \$ _____ |
| 2. Total U.S. Income Tax Paid | 2. \$ _____ |
| 3. Income Earned from Work | 3. \$ _____ |
| 4. Additional Income (Source: _____) | 5. \$ _____ |
| 5. Total Parent Income | 6. \$ _____ |

PROJECTED SCHOOL COSTS (per year):

Cost of Tuition \$ _____

Costs of Books & Supplies \$ _____

Costs of Room & Board \$ _____

Total Projected Costs (per year) \$ _____

STATEMENT OF INTENT

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that providing false information for any part of this application – including the essay – will result in termination of any scholarship consideration and/or grant.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Before you submit your scholarship request, did you remember to include the following?

- Completed application including doctor's signature and applicant's signature
- Original essay sharing how your cancer diagnosis has impacted your life (1000 word maximum)
- Acceptance letter from the college/university you will be attending
- Official transcripts from high school and college (if applicable)
- Two letters of recommendation from non-related persons
- Copy of tax returns used to complete financial sections of application
- Proof of legal residency (i.e. Birth certificate, Permanent Resident Card, U.S.-issued passport)

Only **COMPLETE** applications will be forwarded to the Scholarship Review Board for consideration. Applications must be submitted via U.S. Postal Mail to the Beckstrand Cancer Foundation office ATTN: Scholarship Review Board, and received no later than April 30, 2012. Scholarship winners will be notified by July 15, 2012.

Questions? Send email only to Kaerie Ray, Director of Development and Scholarship Coordinator, at kaerier@beckstrand.org. Due to volume of emails received, please allow up to one week for response.