



The Fresno Truck Center
Childhood Cancer Survivorship Program

SURVIVORSHIP SCHOLARSHIP APPLICATION

Personal Information

Name:	Date of Birth:
Street Address:	Phone Number:
Mailing Address (if different from above):	E-mail Address:

Confirm the following requirements by checking the boxes and signing below:

I am a childhood cancer survivor. Cancer diagnosis & year:

I am a patient in the Valley Children's Hospital Childhood Cancer Survivorship Program or follow-up at another Cancer Survivorship Program or PCP

I am a senior in high school, or I have a high school diploma or GED.

Signature: _____

Date: _____

Academic Information

In Fall 2024, you will be (select one): <input type="checkbox"/> College Freshman <input type="checkbox"/> College Sophomore <input type="checkbox"/> College Junior <input type="checkbox"/> College Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> Enrolled in Trade School <input type="checkbox"/> Other: _____	Name of School/Program You Currently Attend: _____ City: _____ State: _____ Name of School/Program Where Scholarship Will Be Used: _____ City: _____ State: _____ Expected Degree/Certificate: _____ Major(s) or Field of Study: _____ Minor(s): _____ Current GPA: _____
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What are your goals and aspirations?

List your volunteer activities, community service, and any hobbies or interests:



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If this is your first time applying for this scholarship:

“What does being a childhood cancer survivor mean to you?”

You can answer this question in a short essay (1 page or less), or submit a creative response like a work of art, poem, short film, song, or any other creative form. The possibilities are limitless! If you submit something other than an essay, please write a few sentences below about the meaning of your submission.

If you are applying for the second or third time: “How did receiving the VCH Survivorship Scholarship benefit you” and “In 2023 what major life experience impacted your well-being?”

You can answer this question in a short essay (1 page or less).

In addition to this completed Scholarship Application (2 pages), please submit the following:

- Please “type” your response in the above boxes or use a separate page.
- A copy of your current or most recent school transcript (official or unofficial)
- 1 letter of recommendation (may be submitted directly by recommender)
- First time applicants, respond to the prompt “What does being a childhood cancer survivor mean to you?” Directions above.
- Second or third time applicants, respond briefly to the prompt “How did receiving the VCH Survivorship Scholarship benefit you” and “In 2023 what major life experience impacted your well-being?”

Please submit your completed application by 5:00 p.m. on March 31, 2024, in-person or via mail, fax, or e-mail to:

Valley Children’s Childhood Cancer Survivorship Scholarship Committee
9300 Valley Children's Place – FC-13
Madera, CA 93636

Phone: (559) 353-5159 | **Fax:** (559) 353-5724 | survivorship@valleychildrens.org