

# Children's Cancer Connection Empowering Scholarship

Since 1988, Children's Cancer Connection has connected families affected by childhood cancer by providing opportunities that encourage relationships and strengthen community. Thanks to generous donors, Children's Cancer Connection is honored to provide scholarships to students for furthering their education.

## Eligibility to Apply

- Applicant must be directly affected by childhood cancer.  
(This includes individuals who currently have or have had cancer before age 18 or a sibling of that individual.)
- Applicant must be within the Children's Cancer Connection service area.  
(Living, treated or diagnosed in the state of Iowa)
- Applicant must be a graduating high school senior planning to attend an accredited two- or four-year educational institution (trade school, college or university) OR be a student currently enrolled in post-secondary education.

## Application Requirements

- Completed application with two 500-word (minimum) essays  
\*\*Previously submitted essays will not be accepted. New essays must be submitted each time.\*\*
- Two letters of recommendation from school, medical or business professionals, dated no more than six months prior to application submission

## Additional Information

- The application period is Nov. 1 through Jan. 31.
- Applicants will be notified by March 1, and scholarship awards will be sent directly to the institution listed on the application in two installments of equal value – half for the subsequent fall semester and half for the spring semester.

**Applications are due Jan. 31.**



**Please return completed application, recommendations and essays to:**

Children's Cancer Connection  
Empowering Scholarships  
5701 Greendale Road  
Johnston, IA 50131

Or email all materials to:  
[scholarship@childrenscancerconnection.org](mailto:scholarship@childrenscancerconnection.org)

## 2024-2025 School Year: Empowering Scholarship Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am a Sibling

I am a Survivor

What hospital were you/your sibling diagnosed and/or treated? \_\_\_\_\_

Current/previous high school: \_\_\_\_\_

High School graduation date: \_\_\_\_\_

College you attend or plan to attend: \_\_\_\_\_

Accepted admission?  Yes  No

Anticipated major: \_\_\_\_\_

Anticipated minor (if applicable): \_\_\_\_\_

Anticipated college graduation date: \_\_\_\_\_

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### Essay Questions:

(Please answer the following questions in 500 words (minimum), typed and on a separate sheet. Previously submitted essays will not be accepted.)

**ESSAY 1:** What adjectives best describe your character strengths and weaknesses from an outsider's perspective?

**ESSAY 2:** What role have failures played in your life so far, and how has it impacted who you are today?