



Seeing life after cancer

www.survivorvision.org

SurvivorVision Textbook Reimbursement Scholarship Application

Name: _____ Email: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Date of Birth: _____ Date of Diagnosis: _____

Please note that SurvivorVision will mail ALL correspondence (including checks) to this permanent address. Please do NOT use your school address.

Name of College, University, Junior College, or Trade School you plan to attend or are a current student:

Major-Trade (If known): _____

Class Level in School: High School Senior College Freshman College Sophomore College Junior College Senior

College Post Graduate Other Please specify _____

Please answer the following essay questions on a typed sheet of paper:

1. *How has your cancer experience affected your educational, personal and/or life goals? (500 words or less)*
2. *How will a higher education help you achieve these goals? (300 words or less)*
3. *Please include any other information that you would like to share with SurvivorVision (300 words or less)*

Please email jtully@csd99.org this completed form, your essay responses, and all required documents. If unable to email, send all materials to the following address.

Joyce Tully
SurvivorVision Textbook Program Chair
7704 Dalewood Parkway
Woodridge IL 60517

Please do not staple any application materials. Please retain a copy of all application materials for your records.
SurvivorVision is not liable for lost mail or missed deadlines.