

New Applicants 2019-2020 School Year

SurvivorVision® Textbook Reimbursement Scholarship Application

APPLICATION DUE JUNE 1, 2019

Name: _____ Email: _____

Permanent Address: _____

City: _____ State: _____

Zip: _____ Phone Number: _____

Please note that ALL correspondence (including checks) will be mailed to this permanent address. PLEASE DO NOT use your school address.

Date of Birth: _____

Date of Diagnosis: _____

Cancer Diagnosis: _____

LETTER FROM TREATING MD or NURSE IS REQUIRED FOR NEW APPLICANTS WHEN APPLYING INCLUDING DIAGNOSIS, TREATMENT CENTER TREATMENT DATES.

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

Major-Trade (If known): _____

Present class in School:

High School Senior

College Freshman

College Sophomore

College Junior

College Senior

College Post Graduate

Please answer the following essay questions:

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. Is there any other additional information that you would like to share with SurvivorVision's board? (300 words or less)

WE STRONGLY ENCOURAGE YOU TO SCAN AND EMAIL YOUR COMPLETED APPLICATION. SEND ATTENTION JULIA STEPENSKE TO SURVIVORVISION@COMCAST.NET

Can be mailed if needed to Joyce Tully SurvivorVision® Textbook Program Chair!
PO BOX 5037!
Woodridge, IL 60517

Retain a copy of all application materials for your records. SurvivorVision® is not liable for lost mail or missed deadlines. If you miss payout deadlines you will no longer be able to apply in the future for funding and payment may not be completed!