

RETURN 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: _____

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 this scholarship helped you reach your educational goals? (500 words or less)
2. How has this scholarship enabled you to help others in the community? (300 words or less)
3. Why should you be awarded this scholarship again? (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!