



Lawrence County Cancer Patient Services (LCCPS) is proud to award scholarship(s) in 2021 to individual(s) with a history of cancer for \$500 - \$1,000. Please see the guidelines included in the attached packet for eligibility.

Please mail all items listed under the Application Checklist to:

Lawrence County Cancer Patient Services
Scholarship Committee
219 Sycamore Drive
Bedford, IN 47421

All applications **must be received by July 1, 2021** to be eligible for consideration.

Guidelines & Instructions for the Lawrence County Cancer Patient Services (LCCPS) Scholarship

PURPOSE: The purpose of the Lawrence County Cancer Patient Services (LCCPS) Scholarship Award is to provide financial assistance for an individual who is in active treatment or with a history of cancer to attend a post-secondary educational program (short course, technical or trade school or university/college) on a full or part-time basis.

ELIGIBILITY REQUIREMENTS: In order to be eligible for consideration, scholarship applicants must:

- Be 21 years of age or less and be in treatment for cancer or have a history of childhood cancer.
- OR**
- Be an adult cancer patient in treatment or with history of cancer within the past five (5) years.
 - Provide documentation of disease.
 - Plan to pursue a degree or certificate, either full-time or part-time, in any accredited post-secondary institution in Indiana.
 - Be a U.S. citizen, or documented permanent resident of the U.S. in Lawrence County, Indiana. Race, color, religious belief or gender will not be factors in choosing the Award winner.
 - Recipient will need to provide proof of acceptance to the educational entity before payment of Award.

APPLICATION SUBMISSION INSTRUCTIONS: In order to be eligible for consideration:

- Application Form should be typed (preferred) or printed in blue or black ink only and must be clearly legible and submitted in English.
- Application documents are to be submitted in hardcopy. Fax or email will not be accepted.
- Applications should be submitted in the order of the Application Checklist below. Applications may be paper clipped together in their entirety. Please DO NOT staple.
 - Application Checklist:
 1. Fully completed Scholarship Form.
 2. Signed Scholarship Agreement Form.
 3. One Letter of Recommendation from (employer, pastor, teacher, coach, etc.).
 4. Essay on topic provided.
 5. Documentation of disease.
- Include accurate contact information. LCCPS will contact you at the phone number, email address or physical address you provide. (Please provide the most convenient time of day to contact you.)
- Essay: Please submit an essay on “How Cancer Has Affected Me Personally”. The Award Committee is interested in the quality of your writing – but more importantly – about the quality of your thinking. Your essay should be typed, double-spaced, 12-point font and be approximately 600 words in length. Please include your name at the top of each page.

APPLICATION TIMELINE

- July 1: Completed applications and all supporting materials due to LCCPS.
- August 1: Scholarship award winner will be notified by phone, mail, or email. The name and photograph of scholarship winner may be used by LCCPS for public relations purposes.



Lawrence County
Cancer Patient Services
We Care!

SCHOLARSHIP AWARD

APPLICATION FORM

Applicant's Full Name	
Street Address City, Zip Code	
Mailing Address (if different) City, Zip Code	
Are you 21 yrs of age or under?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone number (day time) Best time to contact:	
Email	

To what post-secondary education institutions have you applied or plan to apply?

Name of institution	City, State	Accepted

Anticipated major or area of study?	
What is your career goal?	

Have you been awarded other scholarships? Yes/No If yes, please list:

Scholarship Agreement

I certify that the information on this application and the supporting materials are complete, factually correct and honestly presented. I further certify that, to the best of my knowledge, I meet all eligibility criteria noted above and understand the scholarship is contingent upon the following items:

- I will inform the Lawrence County Cancer Patient Services (LCCPS) by August 1st what post-secondary educational program I will be attending in the fall to allow time for the transfer of scholarship funds.
- I must attend an accredited post-secondary institution in Indiana.
- I agree to releasing my name and photograph to be used by LCCPS for public relations purposes.

_____ Applicant's signature

_____ Applicant's name printed

Date _____

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