



Carefully read directions and make sure all requirements of the application are completed.
Please note that not all applicants will receive a scholarship.

To be eligible for this scholarship you must be:

- The applicant must be a patient or survivor of childhood cancer.
- The applicant must be between 15 and 25 years old.
- The applicant must be a current resident of northern Nevada or have been enrolled in an NNCCF program as a child.
- If the applicant has graduated high school, the applicant must be enrolled into an accredited university, community college, vocational or technical school.
- If the applicant is a high school student, this scholarship could assist with SAT prep costs, tutoring, career building opportunities, etc.

Application Deadline: June 1, 2018

This application must be completed before submission to the NNCCF office. Please read the following items carefully.

First-time applicants: *Please complete and include the following items*

- **High school transcript or college transcript**
Please include transcripts with final grades for most recently completed semester.
- **A letter from treating physician confirming cancer diagnosis if NOT an NNCCF child**
It should include date of diagnosis, type of cancer, last date of treatment if applicable, signature, and a day, time, contact number where physician can be reached.
- **Letter of recommendation**
Letter of recommendation should be from a non-related person. Letter must include how long and in what way the person knows you as well as their general impressions of you. The writer of the letter of recommendation must include their name, address, and

phone number. Letters must be submitted directly from the writer in a sealed envelope and mailed to NNCCF by June 1, 2018.

- **Include a quotation that inspires you**
- **Write a short essay about something that inspires you and how you would like to inspire others (250- 300 words)**
- **Include a recent photo of yourself doing something that inspires you**

Returning applicants: Please complete and include the following items

- **Include a quotation that inspires you**
- **Write a short essay about something that inspires you and how you would like to inspire others (250- 300 words)**
- **Include a recent photo of yourself doing something that inspires you**

*Remember applications must be submitted to the NNCCF office on or before **June 1, 2018** in order to be considered. If you have any questions regarding the application you can call the NNCCF office at 775.825.0888*



Inspire Scholarship – Applicant Information

Please provide the following personal information:

Name: _____

Date of Birth: _____

Home Address: Street: _____ City: _____

State: _____ Zip: _____

Best Mailing Address *if different: Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Please complete the following information regarding your parent/guardian (if under 18 years of age):

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Are you currently living with your parent/guardian (yes/no): _____

Please complete the following information regarding the college or trade school you have been accepted to attend for the Fall 2018 semester.

Name of college or trade school: _____

Street Address: _____

City: _____

Zip Code: _____

Student I.D. Number: _____

Are you enrolled as a full-time or part-time student? _____

How many units will you be taking for this semester? _____

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION

- NNCCF does not discriminate against or deny aid because of your race, religion, color, national origin, sex, political affiliation or any other protected category under state or federal law.
- Your application will be reviewed on a case-by-case basis. A final determination for financial assistance is subject to availability of funds and adherence to NNCCF guidelines.
- The information provided to NNCCF will be used solely for the purpose for which it was provided and will be kept confidential.
- Please note: NNCCF provides this list of medical providers at our clients' request. NNCCF does not have any agreements with these medical providers to refer patients to these providers, nor would NNCCF be willing to enter into any such agreement. Rather, this list identifies medical providers who provide pediatric oncology treatments about which NNCCF is aware (listed in alphabetical order so as to avoid any appearance of NNCCF expressing a preference for one medical provider over another). NNCCF cannot and will not provide advice to our clients concerning (1) what treatment to pursue; (2) from which medical providers to seek treatment; (3) insurance coverage for treatments prescribed and/or received; or (4) any other decision affecting the health and/or medical treatment of our clients. NNCCF hopes that its clients find this list to be a useful first step in locating appropriate treatment, and NNCCF encourages all clients to conduct their own research as to appropriate pediatric oncology treatment, and to make their own decisions concerning these issues.

**GENERAL RELEASE OF LIABILITY AUTHORIZATION FOR RELEASE AND
USE OF MEDICAL RECORDS AND MEDIA CONSENT**

The undersigned ("Releasor") has requested assistance from Northern Nevada Children's Cancer Foundation ("NNCCF"), a non-profit charitable organization. In making such request, Releasor understands and acknowledges that the granting of assistance is entirely discretionary and that NNCCF may deny such assistance at any time for any reason. Releasor hereby agrees to waive any and all claims against NNCCF and release NNCCF from any and all liability which may arise from NNCCF's conduct in consideration of this Application for Assistance.

Releasor consents to and authorizes the release and use of *Protected Health Information*, which may be protected under federal law, from all medical care facilities, insurance groups and/or social welfare agencies to NNCCF. Releasor further authorizes NNCCF personnel to speak directly with patient's medical providers and/or social

workers. Releasor authorizes NNCCF to release and utilize patient's medical information as it relates to NNCCF's non-profit activities.

Releasor consents to the dissemination and use of the patient's name, likeness, and recorded voice singularly or in conjunction with other photograph's and/or recording by the print, television, and radio media, for the purposes of pediatric cancer awareness and for raising funds to further the goals of NNCCF ("media consent"). Releasor acknowledges that s/he has the right to revoke this media consent at any time in writing signed by Releasor. The revocation will only be effective upon receipt by a NNCCF.

Please sign and attach all necessary documents before sending to the NNCCF office for review.

By signing this application you consent to the waiver above.

Signature: _____

Printed name: _____

Date: _____

Signature of Guardian (If under 18-years-old): _____

Printed name: _____

Date: _____