Children’s Cancer Connection Empowering Scholarship

Since 1988, Children’s Cancer Connection has connected families affected by childhood cancer by providing opportunities that encourage relationships and strengthen community. Thanks to generous donors, Children’s Cancer Connection is honored to provide scholarships to students for furthering their education.

Eligibility to Apply

• Applicant must be directly affected by childhood cancer.  
  (Includes individuals who currently have or have had cancer before age 18 or a sibling of that individual.)

• Applicant must be within the Children’s Cancer Connection service area.  
  (Living, treated or diagnosed in the state of Iowa)

• Applicant must attend a recognized post-secondary institution.  
  (Trade school, college, or university)

Application Requirements

• Completed application with two 500-word (minimum) essays.  
  **Previously submitted essays will not be accepted. New essays must be submitted each time.**

• Two letters of recommendation from school, medical or business professionals, dated no more than six months prior to application submission.

Additional Information

• The application period is November 1st – January 31st.

• Applicants will be notified by March 1st, and scholarship awards will be sent directly to the institution listed on the application in two installments of equal value – half for the subsequent fall semester and half for the spring.

Applications are due January 31st.

Please return completed application, recommendations and essays to:

Children’s Cancer Connection  
Empowering Scholarships  
2708 Grand Ave.  
Des Moines, IA 50312
Empowering Scholarship Application

First Name: ______________________  Last Name: ______________________

Address: __________________________________________________________

City, State and Zip: _________________________________________________

County: ______________________  Phone: _____________________________

Email Address: ______________________________________________________

☐ I am a Sibling  ☐ I am a Survivor

What hospital were you/your sibling diagnosed and/or treated? ____________

Current/previous high school: __________________________________________

High School graduation date: __________________________________________

College you attend or plan to attend: _________________________________

Accepted admission?  ☐ Yes  ☐ No

Anticipated major: ___________________________________________________

Anticipated minor (if applicable): ______________________________________

Anticipated college graduation date: _________________________________


Essay Questions:

(Please answer the following questions in 500 words (minimum), typed, and on a separate sheet. Previously submitted essays will not be accepted.)

ESSAY 1: How has your family background affected the way you see the world?

ESSAY 2: What traits do you possess that will enhance your educations or future career? What are your academic and/or career goals?