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 and/or siblings 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 by HS graduate planning to attend an accredited two- or four-year institution (trade school, college, or university) OR be a student currently enrolled in post-secondary education.

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
5701 Greendale Rd.
Johnston, IA 50131

or email all material to Scholarship@ChildrensCancerConnection.org
2023-2024 School Year: 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: ____________________________

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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: Tell us about a personal achievement that makes you proud.

ESSAY 2: Imagine your life 15 years into the future. What do you hope to have accomplished and what would it take to consider your life successful? How will this scholarship help shape that future?