

# Cancer Kickin' Scholarship

# Scholarship

## Application



Presented by Gilda's Club Quad Cities  
Sponsored by CCKMA



## About Gilda's Club

The mission of Gilda's Club Quad Cities is to ensure that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community.

Free of charge, Gilda's Club Quad Cities provides support, education and hope to all people affected by cancer. As a Cancer Support Community affiliate, we are part of the largest employer of psychosocial oncology mental health professionals in the United States. Our global network brings the highest quality cancer support to the millions of people touched by cancer.



## Sponsor Highlight: CCKMA

Angie DeWilfond, founder of CCKMA, was diagnosed with stage 3C ovarian cancer in 2007. The wife and mother of two young kids decided not to let Cancer Kick Her A..! In 2008, she held a small get together with friends and the support was so overwhelming that an annual fundraising event was held each year after that for much needed research funds. This annual event brings cancer survivors along with their family and friends to celebrate life. It is also an evening of tribute to those we have lost to cancer. To date, over \$330,000 has been donated to the Gynecologic Oncology Research Lab at the University of Iowa.



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## How to Apply

Mail the completed application, high school/recent college transcript, and [two letters of recommendation](#) by February 13, 2017 to:

Gilda's Club Quad Cities  
ATTN: Cancer Kickin' Scholarship  
1234 E. River Drive  
Davenport, IA 52803

Material may also be emailed to [kelly@gildasclubqc.org](mailto:kelly@gildasclubqc.org) with a subject noting "Cancer Kickin' Scholarship".

Please make certain to answer all information. If necessary, you may photocopy this application and attach any additional pages needed to complete your application.

**Best of luck to you!**

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## Who Is Eligible?

You are eligible to apply if you are a resident of Scott County, Rock Island County, Muscatine County or Henry County.

Also, you must be a high school junior/senior or current college student in your first or second year to apply. Applicants will enroll in an undergraduate course of study during the 2017-2018 (or 2018-2019 if applying as a high school junior) school-year at an accredited two or four-year college, university, or vocational-technical school in the U.S.

Scholarship recipients are eligible to re-apply each year they are eligible. Applications must be completed each year and submitted to the scholarship committee.

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## How Are Recipients Selected?

The scholarships are awarded to applicants who demonstrate academic excellence, citizenship, community involvement and school involvement. Only complete applications will be considered. The application and all requested information must be received by February 1, 2017. Scholarship winners will be presented on April 8, 2017 at the 10<sup>th</sup> Annual CCKMA Event.

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## How Much Are The Awards?

Gilda's Club and CCKMA will award four \$1,000 Scholarships.

Awards are distributed through the school's financial aid office. Scholarship funds may be applied to any component of the school's comprehensive fee. A letter of intent or acceptance letter must be provided to Gilda's Club before funds will be dispersed.

**Questions?** Please contact Kelly Hendershot at (563) 326-7504 or [kelly@gildasclubqc.org](mailto:kelly@gildasclubqc.org)

# Student Application

**Applicant Information** Please print or type completing all requested information. *Only completed applications will be considered.*

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birth date \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who in your life has been affected by cancer?  SELF  FAMILY MEMBER  OTHER (If other, please identify the relationship):

\_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

**Education Information** Must submit your high school and/or college transcript.

High School/College \_\_\_\_\_ Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ / \_\_\_\_\_

Name of accredited post-secondary school you are or will attend: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Anticipated Annual Cost \_\_\_\_\_

2 Year Community/Junior College       4 Year College/University       Vocational/Technical School

**Activities Information**

List all activities (school and community) in which you have participated listing any awards or honors received. Attach a separate sheet if necessary.

Name & Description of Activity	Awards/Honors Received	Years Participated	Faculty Advisor

**Questions?** Please contact Kelly Hendershot at (563) 326-7504 or [kelly@gildasclubqc.org](mailto:kelly@gildasclubqc.org)

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**Employment Information:**

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List all jobs you have held. Briefly, describe your responsibilities and hours worked per week. You may attach a separate sheet if necessary.

Employer	Responsibilities	Employment Dates	Hours/Per Week

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**Essay**

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Please attach a written essay that includes the following:

Please do not exceed 750 words. Essays are to be double spaced, size 12 Times New Roman font with 1" margins.

- 1) Tell us about your experience with cancer and how it has shaped who you are today.
- 2) The course of study you are planning to follow and why this scholarship would be important to you.
- 3) What have you done to support cancer in the community and what resources are still needed?

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**Recommendations**

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Your application must include [two written references](#) from persons not related to you. We prefer that one be a teacher or counselor at your school. Please exclude family members. The form attached to the back of this application may be copied and given to those writing a reference on your behalf, or an electronic version can be downloaded at [cancerkickinscholarship.com](http://cancerkickinscholarship.com). Please list your two references and their occupation/relationship to you.

1. \_\_\_\_\_ Occupation/Relationship \_\_\_\_\_

2. \_\_\_\_\_ Occupation/Relationship \_\_\_\_\_

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**Application Checklist This application becomes complete only after you have submitted:**

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- Application Form       Essay       High School or College Transcripts\*  
 2 Letters of Recommendation (*May be sent to scholarship committee under separate cover.*)

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**Signature**

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I, the applicant, certify that the information provided in this application, is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Questions?** Please contact Kelly Hendershot at (563) 326-7504 or [kelly@gildasclubqc.org](mailto:kelly@gildasclubqc.org)