

Name: Cancer for College Scholarship**Amount: Amount Varies****Award Period:** 2008-2009 Academic Year**Major:** Any Major**Class Level:** Any**Enrolled:** Part Time/Full Time**GPA:** Not Specified**Transcript:** Not Required**Financial Need:** Need is considered**Citizen Preferences:** U.S. Citizen**Letter of Recommendation:** 2 required from persons outside your immediate family (i.e. Doctors, nurses, teacher)**Selection Criteria:** Current and former cancer patients under 35.
A personal statement which illustrates why you should be selected as a scholarship recipient.
Summary of cancer treatment (see application), and description of other sources you are utilizing to finance your college education.**Applications available at:** [Http://www.cancerforcollege.org](http://www.cancerforcollege.org)**Return To:** Cancer for College
1345 Specialty Drive-Suite E
Vista, CA 92081
e-mail: cancerforcollege@yahoo.com**Due Date:** September 1st, 2008