



Gems of Hope ▪ 420 6th ST SE, Suite 140  
Cedar Rapids, Iowa 52401 ▪ 319-393-9681  
[www.gemsofhope.com](http://www.gemsofhope.com) [www.cancerreallysucks.org](http://www.cancerreallysucks.org)  
[@GemsOfHopecr](https://facebook.com/pages/Gems-of-Hope-Inc)

**Application Deadline: Must be received no later than Friday, April 7, 2017 at 4 pm (CST).**

Application qualifications:

**The applicant must be a 2017 graduating senior from an school district in the Gems of Hope service area (within a 50 mile radius of Cedar Rapids).**

**Have been personally affected by cancer, by either of the following criteria:**

- The student has been previously diagnosed with cancer.
- Has an immediate family member who has had cancer (sibling, mother or father).

and also,

- Demonstrates financial need.

The Gems of Hope Scholarship Committee, appointed by the Board of Directors of Gems of Hope, will select the recipients. The award recipients will be notified by phone on April 28, 2017, with the results posted on the website by April 29, 2017. No phone inquiries will be accepted.

Applications must be submitted in the following format, but applicants are not limited to the spaced provided on this applications form, if you require additional space, you may attach extra sheets.

Award: In 2017, the committee will select up to 10, \$1000.00 scholarship recipients. The monetary award of \$1000.00 must be used for college tuition, books, or fees related to college expenses. The check will be made payable to the college the award winner is attending, not to the individual.

The application must include the following:

- Official current high school transcript
- Application with signature
- Essay (please submit your essay with page numbers if your submission is more than one page in length). Your essay should include a header notation with your name and the name of your school.
- 3-5 letters of support
- A photograph which may be used in promotional materials if applicant is selected as a winner

Name \_\_\_\_\_  
(print clearly, please)

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

**Total Household Income (check one)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 0 to \$20,000        | <input type="checkbox"/> \$40,000 to \$60,000 | <input type="checkbox"/> \$80,000 to \$100,000 |
| <input type="checkbox"/> \$20,000 to \$40,000 | <input type="checkbox"/> \$60,000 to \$80,000 | <input type="checkbox"/> Over \$100,000        |

Number of individuals within household (claimed on Tax-return): \_\_\_\_\_

Other financial circumstances you want the committee to be aware of: \_\_\_\_\_

\_\_\_\_\_

*(Not required to complete)*

College Name/Address: \_\_\_\_\_

***Scholarships will not be awarded to applicants who have not chosen a school. You have until September 1<sup>st</sup>, 2017 to name your school. If no school has been chosen by September 1<sup>st</sup>, 2017, Gems reserves the right to reassign your scholarship award.***

Area of interest: \_\_\_\_\_ Applicant's GPA: \_\_\_\_\_

High School Name \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

**Requirements:**

- Attach a copy of applicant's current official transcript.
- List high school leadership, responsibilities, extra-curricular activities and awards:

- List other organizational memberships, offices and services to others: (i.e., community, volunteerism, church, scouts, 4-H ...)
- Write a 250-word essay describing how you have been affected by cancer personally. If you have had cancer, or have a parent or sibling with cancer, describe how this has been a part of your life.
- Attach at least three (3) and no more than five (5) LETTERS OF SUPPORT from high school faculty, church, or employers, troop leaders, or others (not family members) which address evidence of the applicant's exemplary integrity, ethics, initiative, or service to others.
- Include a photograph which may be used in promotional materials if applicant is selected as a winner.

**Please read before submitting your scholarship application:** By submitting this application, I certify that the information contained therein is true and complete to the best of my ability and understand that false information or omission of data will result in denial of my application. I also further understand that if I am selected to receive an award I will be asked to submit a picture for publicity purposes. I give permission for my picture to be used on the web site and in other marketing and communications related features.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent of applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications, along with the required supporting documentation **must be received no later than 4 pm (CST) on Friday, April 7, 2017**. Faxes are **NOT** accepted. It may be sent by US Mail at the address below or e-mailed to [office@gemsofhope.com](mailto:office@gemsofhope.com), please do not use a file sharing site.

Mailed to:  
 Scholarship Selection Committee  
 Gems of Hope  
 420 6<sup>th</sup> Street SE  
 Cedar Rapids, IA 52401

Office Use Only	
Received:	