



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

**APPLICATION DEADLINE: Must be received in the Gems of Hope office
no later than Thursday, April 30, 2020 (Extended Date) at 4 pm (CST)**

Application qualifications:

- The applicant must be a 2020 graduating senior from any school district in the Gems of Hope service area.
- The applicant must have been personally affected by cancer, by either of the following criteria:
 - The student has been previously diagnosed with cancer.
 - The student has an IMMEDIATE family member who has had cancer (this means sibling, mother or father; consideration will also be given to extended family members who are considered the student’s legal guardians.)
- The applicant demonstrates financial need.

The Gems of Hope Scholarship Committee, appointed by the Gems of Hope Board of Directors, will select the recipients. The award recipients will be notified by phone before May 6, 2020, with the results posted on the website by May 8, 2020. No phone inquiries will be accepted.

AWARD: In recognition of Gems of Hope’s 15th anniversary, the committee plans to award up to fifteen \$1500.00 scholarships in 2020. The monetary award of \$1500.00 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.

APPLICANT’S NAME: _____
(print clearly)

HOME ADDRESS: _____

(List street address, city, state, zip code)

APPLICANT’S PHONE: _____ PARENT/GUARDIAN PHONE: _____

APPLICANT’S E-MAIL: _____

Name of High School: _____

Anticipated Graduation Date: _____ Applicant’s GPA: _____

Does your school have a scholarship award recognition night? () Yes () No Date? _____

Who is the best school contact (name & phone) for recognition night, so Gems can make a request to present scholarship award in person? _____

College Name/Address: _____

Scholarships will not be awarded to applicants who have not chosen a school. You have until July 31, 2020 to name your school. **If no school has been chosen by July 31, 2020, Gems reserves the right to reassign your scholarship award.**

Area of Study Interest: _____

TOTAL HOUSEHOLD INCOME (check one)

- () 0 to \$20,000 () \$40,000 to \$60,000 () \$80,000 to \$100,000
() \$20,000 to \$40,000 () \$60,000 to \$80,000 () Over \$100,000

Number of individuals within household (claimed on tax return): _____

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

APPLICATION CONTENTS and FORMAT REQUIREMENTS:

Applications must be submitted in the following format:

- Submit your paperwork in ONE document as a PDF or hard copy, single-sided and unstapled.
- Include footers on each page that include your first name, last name, and a page number.
- The application must include your signature.

The application must include the following elements in the order specified below:

1. Completed page 1 of scholarship application including contact and high school information.
2. Completed page 2 of scholarship application including college and financial information.
3. Completed page 3 of scholarship application including both applicant's signature and date, and parent/guardian of applicant's signature and date.
4. Essay:
 - a. Your essay should include a header with your name and the name of your school.
 - b. Your essay should include page numbers if your essay is more than one page in length.
 - c. Your essay should be no more than 500 words and should answer the following questions:
 - i. Who in your life was impacted by cancer?
 - ii. How were you personally affected?
 - iii. How has cancer changed your life?
 - iv. How will you, in future years, turn your cancer experience into something positive and impactful?
 - v. What do you do for fun when you're not studying, working, or doing community service?
 - vi. You have accomplished some amazing things in your short life. In what areas do you think you can improve?
5. Official current high school transcript.
6. List of high school leadership, responsibilities, extra-curricular activities and awards.

7. List of other organizational memberships, offices and services to others (i.e. community, volunteerism, church, scouts, 4-H...).
8. Attach at least three (3) and no more than five (5) LETTERS OF SUPPORT from high school faculty, church, employers, troop leaders or others (not family members) which address evidence of the applicant's exemplary integrity, ethics, initiative or service to others.
9. Include a photograph which can be used in promotional materials if applicant is selected as a winner.

Applications, along with the required supporting documentation, **MUST BE RECEIVED NO LATER THAN 4 PM (CST) ON THURSDAY, APRIL 30, 2020 (Extended Date)**. Faxes are NOT accepted. Application and supporting documentation can be e-mailed to office@gemsofhope.com (please do NOT use a file sharing site) or sent by US Mail to the following address:

Mail to: Scholarship Selection Committee
 Gems of Hope
 420 6th Street SE
 Cedar Rapids, IA 52401

Please read before submitting your scholarship application:

By submitting this application, I certify 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 Gems of Hope website and in other Gems of Hope marketing and communications-related features.

I agree to submit a letter to Gems of Hope by December 31, 2020, expressing how I have benefited from the scholarship money and what it was used for.

_____ Date: _____
Applicant's signature

_____ Date: _____
Parent/Guardian of applicant's signature

Office Use Only	
Date Received at Gems of Hope office:	