Dr. Eileen Gillan Honorary Scholarship **2023** Application



PURPOSE AND AWARD

The REACH for the STARS Pediatric Cancer Survivorship Program at Connecticut Children's is dedicated to creating unique programs and tools that enable pediatric cancer survivors to reach beyond the boundaries of their diagnosis and fulfilling their ambitions while maintaining a high quality of life. The Dr. Eileen Gillan Honorary Scholarship is a one-time scholarship of \$2,500 awarded to one recipient each year. Additionally, two one-time \$500 scholarships will be awarded to the runner-ups.

ELIGIBILITY REQUIREMENTS - Previous RFTS scholarship awardees are not eligible to apply. Applicants must be:

- A graduating, high school senior in good standing
- A pediatric cancer survivor (A patient is considered a survivor from the day of diagnosis)
- Receiving/have received treatment from Connecticut Children's Division of Hematology/Oncology
- Seeking an associate's or undergraduate degree, or a trade school educational program certificate
- Enrolled in/awaiting acceptance from an institution of higher education for fall semester of 2023
- An individual who demonstrates academic ambition and embraces a way of life that overcomes the obstacles of living with a cancer diagnosis

THE SELECTION OF RECIPIENTS AND PRESENTATION OF THE SCHOLARSHIPS

Selection of the recipient will be at the discretion of the scholarship selection committee. The recipient will be notified and the scholarship and certificate will be mailed to the recipient's home address. The scholarship check will be made payable to the survivor for use covering college expenses.

PROCEDURES

To apply, submit a completed application **postmarked by April 15th, 2023.**

- The application will need to be completed by the student
- Selection will be based on submission of a <u>completed application</u>, which includes the following sections:
 - 1) Student applicant information
 - 2) Health
 - 3) Academics
 - 4) Additional documents to be provided:
 - a) A copy of your academic transcript
 - b) A recent photograph (School Photo or similar portrait style)
 - c) A two-page essay describing a major personal experience, achievement, risk or ethical dilemma you have faced and its impact on you
 - d) One letter of recommendation from a non-family member
 - e) W-9 Form and New/Change Vendor Form with applicant's information (to expedite check request process)

Dr. Eileen Gillan Honorary Scholarship 2023 Application



Please Print Clearly in Blue or Black Ink

SECTION 1. STUDENT APP	LICANT INFORMATION				
Name:					
Home Address (No P.O. E	Boxes):				
City:		State:	Zip Code	e:	
Date of Birth:	Please check o	ne: □Male □Fem	nale		
Tel:	Cell:				
E-mail Address:					
SECTION 2. HEALTH					
Diagnosis Date:	Diagnosis:				
Treatment Received:			Tre	atment Dates:/	to/
Oncology Doctor at Conn	ecticut Children's:				
Oncology Nurse at Conne	ecticut Children's:				
	Name:				
	rent from name above): _				
Office Address:					
City:		State	:	Zip Code:	
SECTION 3. ACADEMICS School Information (plan	s for Fall 2023):				
Name of College/Vocatio	nal School:				
What type of degree are	you pursuing? ☐Associat	e's □Undergradu	ate ⊡ rrade	School	
-	udy be in the fall semeste	_			
	,				
Career Aspirations:					
Academic Honors/Achiev	ements/Clubs and Comm	nunity Service:			

Dr. Eileen Gillan Honorary Scholarship 2023 Application



SECTION 4. ADDITIONAL DOCUMENTS TO BE PROVIDED A copy of your academic transcript	ED BY THE STUDENT APPLICANT
A copy of your academic transcriptA recent photograph (School Photo or similar portra	ait style)
- Mail with application	
A double-spaced, two-page essay about a major pe have faced and its impact on you	rsonal experience, achievement, risk or ethical dilemma you
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	llowing (please no family members or Connecticut
Children's care providers):	shara and tarant
 Nature and length of your relationship with t Impact of cancer diagnosis on the applicant's 	
	e how he/she overcomes the limitations of living with their
W-9 Form	
SECTION 5. APPLICANT CONSENT	
	Children's to publish, copyright, and use the information
	advertising and other promotional materials without prior
	ant also authorizes Connecticut Children's to contact him/he
	the applicant's information and individual story with the
	bries with the media (print, radio or television), either by being a survivor. The selection of recipients will be at the
sole discretion of the RFTS Program Director and the so	=
=	I from Connecticut Children's. The scholarship check will be
made payable to the survivor and mailed in mid-May 2	023.
To be signed if applicant is 18 years of age or older:	
I confirm that I am 18 years of age or older and that I m	neet the eligibility requirements for the 2023 RFTS
Scholarship. I understand and agree to the conditions u	· .
Signature:	Date:
To be signed if applicant is less than 18 years old:	
I acknowledge that I am the parent or legal guardian of	the applicant and confirm that they meet eligibility
requirements for the 2023 RFTS Scholarship. I understa entering his/her application.	
Parent/Guardian Signature:	Date:

Questions may be directed to:

Jamie Batson and Michelle Donovan

Center for Cancer and Blood Disorders at Connecticut Children's Medical Center.

ReachForTheStars@connecticutchildrens.org

Please mail completed application (essay, letters of recommendation, photo, and transcripts)
Postmarked by 4/15/2023 to:

Connecticut Children's Medical Center Center for Cancer and Blood Disorders Attn: Jamie Batson – Dr. Eileen Gillan Scholarship 282 Washington Street, Suite 5A, Hartford, CT 06106