

DO NOT STAPLE



2009-2010 M. D. ANDERSON SCHOLARSHIP PACKET

TO: Present/Former Pediatric Patients of The University of Texas M. D. Anderson Cancer Center

Thank you for your interest in applying for a Children's Art Project Scholarship. Attached is an application for an Undergraduate/Graduate scholarship made possible from the proceeds of the Children's Art Project at The University of Texas M. D. Anderson Cancer Center. These scholarships are provided as encouragement, reward and enablement for the students chosen. Each scholarship is for one academic year with a requirement that at least 18 hours total are completed for the Fall and Spring semesters. Summers are not counted. Applicants must reapply for scholarships in successive years and may not receive assistance for more than a total of eight semesters (four years) of study.

All applicants must be between the ages of 16 and 24 for Undergraduate and 21-30 for Graduate. The applicant must be a patient or former patient (before his/her 19th birthday) of The University of Texas M. D. Anderson Cancer Center. Applicants must have been admitted or plan to study at a United States regionally accredited or International recognized institution for the fall semester.

The application must be completed and returned with all required documents by **June 1, 2009** to:

**Susan M. Whitt
Department of Volunteer Services
1515 Holcombe Unit 115
Houston, TX 77030**

If you are a former scholarship recipient and reapplying, please provide a new set of documents to accompany this application. **Applications received after the deadline and incomplete applications will not be considered.** All applicants will be notified by mid-August as to whether they have been awarded a scholarship. If you have questions about the application, please call me at (713) 745-0278 between 10:00 a.m. and 7:00 p.m. Central Time. Or e-mail me: smwhitt@mdanderson.org.

Best Wishes,

Susan M. Whitt
Department of Volunteer Services

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Last Name_____

Deadline: June 1, 2009

Applications received after the deadline and incomplete applications will not be considered

Submit by mail to:
Susan M. Whitt
Dept. of Volunteer Services
1515 Holcombe Blvd. Unit 115
Houston, TX 77030



CHILDREN'S ART PROJECT SCHOLARSHIP APPLICATION 2009-2010

Part One: Your Information

Undergraduate_____ Graduate_____ Technical/Vocational _____

Did you receive Children's Art Project scholarship funding for the 2008-2009 academic year?_____

How many total semesters have you received Children's Art Project Scholarship funding? _____

M.D. Anderson patient number _____

Date of Birth:_____

Male_____ Female_____ Current Age_____

Applicant's
Name:_____

Last	First	Middle I.	Maiden Name
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Permanent
Address_____

Number & Street

City	State	ZIP	Country
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Current Address (if different from above):

Number & Street

City	State	ZIP	Country
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Last Name _____

E-Mail Address: _____

Current Phone: _____ Area Code + Number
Alternate Phone: _____ Area Code + Number

Alternate Contact Information: _____

Contact's Phone # _____ Relationship to Applicant _____

Part Two: Submit Your Transcript(s)

Attach your complete and official high school (and college, if applicable) transcript through Spring 2009. **You will not be considered for scholarships if these are not submitted.** If the transcript is not in English, written translation is required.

I am currently in:

_____ High School _____ College/University
_____ Community College _____ Technical/Vocational School
_____ Graduate school

Grade level as of 2008-2009 school year: _____

Grade Point Average:

_____ High School _____ College/University
_____ Community College _____ Technical/Vocational School
_____ Graduate school

College grade level as of Fall 2009:

Freshman _____ Sophomore: _____ Junior: _____ Senior: _____
Graduate/Professional _____ Other _____

If you've taken the SAT, ACT, TOEFL, or other standardized tests, please submit results here: _____ SAT _____ ACT _____ TOEFL _____

GMAT ___ GRE ___ LSAT ___ MCAT ___ IELTS _____

Other: _____

List schools to which you've applied, type of school (four-year college/ university, vocational or junior college), and where you have been accepted.

School	Type	Accepted?
_____	_____	_____
_____	_____	_____

What college will you be attending?

Please indicate month in which your school begins classes:

Fall classes: _____ Spring classes: _____

Major and course study plans: _____

Expected graduation date is: _____

Part Three: Essay and Statements

If you are an Undergraduate applicant that received funding in the 2008-2009 year you do not need to complete part three.

Your essay should be at least one page, double-spaced, approximately 350-400 words in length. The essay does not necessarily require a reflection of your cancer experience.

- **Type an essay discussing: At some point during your cancer treatment you were required to depend on others for some form of help. What have you learned about depending on other individuals and how will you use this to help others in your lifetime?**

Statements

- **Please enclose a typed statement explaining why this scholarship is financially important for you to complete your academic and professional goals.**
- **Please enclose a statement explaining to the scholarship committee why you selected the program you have applied to and how it will impact your chosen career path.**

Graduate school applicants- In addition to providing the Essays and Statements of part three please provide 2 letters of recommendation. Please provide new letters every academic year.

Part Four: Medical Update

A factor in the awarding of scholarships is the amount of physical hardship an applicant has overcome as a result of cancer treatment. If there has been a follow-up treatment at a facility other than M. D. Anderson Cancer Center so that such treatment is not noted in the patient's M. D. Anderson chart, please explain.

Please provide the following medical information for the scholarship committee so that we can better rank your application. This information will be confidential and be viewed only by the doctor and nurse on the committee and the scholarship committee coordinators.

MD Anderson Medical Record Number _____

Cancer or other Diagnosis: _____

Date of Diagnosis: _____

Treatments (please check all that apply):

- Surgery Radiotherapy Chemotherapy BMT/Stem Cell transplant
- Other_____

Briefly describe the types and where you received these treatments and how long they lasted:_____

When was your last treatment?_____

Please check any other activities that you participated in at UT MD Anderson Cancer Center:

- Child Life Children’s Art Project Handicapped Ski Trip School
- Clinical research studies Psychology services Children’s Art Project designer
- Occupational or Physical Therapy (OT/PT)
- Childhood Cancer Survivor Clinic (Long Term Follow-up)

Comments:_____

Have you had any treatment for recurrence of your cancer and if so what types and when?

Have you had any of the following problems related to your cancer or treatment?

- Amputation or limb salvage Facial or visible scars Problems with swallowing
- Excessive weight gain or loss Pain CAP Designer
- Excessive fatigue Heart problems Breathing problems
- Difficulty concentrating Convulsions Hearing loss
- Loss of vision Weakness that makes use of hand or leg difficult
- Graft vs. host disease (after transplant) Learning disabilities Hormone deficits
- Osteoporosis (weak bones) Joint or hip damage other

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Last Name_____

Please briefly describe problems checked above:

Any other information you would like to add that you wish the committee to know about you?

Closing Statement: Please check one of the following and sign.

_____ I am a United States citizen and have completed Parts 1-4 and enclosed complete transcript(s), test scores, medical history, and statements and essays if requested.

_____ I am an international applicant and have completed parts 1-4 and enclosed a complete transcript(s), test scores, medical history, statements and essay if requested and English translations (if applicable).

Signature_____ Date:_____