



**Candlelighters Continuing Education
Scholarship
Renewal Application**

APPLICATION DEADLINE AND SUBMISSION:

Applications must be received at the address below no later than **March 1, 2017**

Mail completed application to:

Candlelighters Scholarship Program
5440 SW Westgate Drive
Suite 125
Portland, OR 97221

APPLICATION INSTRUCTIONS:

- Please attach your most recent high school or college transcript (non-official transcripts accepted)
- All applicants will be notified as to the status of their application by April 5, 2017
- Scholarship recipients will be notified no later than April 30, 2017
- Funds will be paid directly to the applicant's approved school of choice prior to the start of fall classes.

LETTER OF RECOMMENDATION:

- Please attach a letter of recommendation
- Letter must be typed, dated, and signed
- Recommendation must come from someone other than a family member

AMOUNT AWARDED:

- Two \$750 scholarships and two \$500 scholarships will be awarded to previous scholarship recipients

APPLICANT RENEWAL INFORMATION AND CRITERIA:

- While continuing to attend a post-secondary undergraduate program, the applicant may re-apply for renewal of their scholarship.
- Previous Candlelighters Scholarship recipients may apply for renewal.
- Proof of enrollment and the most recent transcript (non-official) must be included with the application.
- The required G.P.A while attending a post-secondary school is 2.0.
- The applicant must be a member of Candlelighters For Children With Cancer, and a resident of Oregon or Southwest Washington.
- Applicants who are declined may re-apply in subsequent years, as long as they are still attending school and meet applicant criteria.
- If a student is awarded the scholarship, but does not attend school, the scholarship award will be reviewed, which may result in its forfeiture. In that case, the scholarship would be awarded to a runner-up applicant.
- This scholarship process and the award, itself, are reviewed annually and are subject to availability of funds from Candlelighters For Children With Cancer.

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APPLICATION FORM:

Name: _____

Permanent Mailing Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Are you currently attending school? Yes_____ No_____

If not, why not? _____

If so, what is the name of the school you are currently attending? _____

Diagnosis and Year of Diagnosis: _____

Parent/Guardian Signature (If under 18 years old): _____

PLEASE ANSWER THE FOLLOWING QUESTION AS COMPELLETY AS POSSIBLE IN AN ESSAY FORMAT:

What attributes do you feel are most important to make an impact on those around you and how do you plan to incorporate them in to your life and what you achieve?