

**APPLICATION DEADLINE: Must be received in the Gems of Hope office
no later than Friday, March 17, 2023 at 4 pm (CST)**

APPLICATION QUALIFICATIONS:

- The applicant must be a 2023 graduating senior from any school district in the Gems of Hope service area (Benton, Johnson, Linn Counties).
- 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 April 5, 2023, with the recipients posted on the website by April 10, 2023. No phone inquiries will be accepted.

AWARD: The committee plans to award multiple scholarships up to \$2500.00 each in 2023. The monetary award must be used for college tuition, books, or fees related to college expenses. The check will be made payable to the college/trade school the award winner is attending, not to the individual.

APPLICANT’S NAME: _____
(print clearly)

HOME ADDRESS: _____

(List complete 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? _____
If allowed by the school, would you like Gems to present the award to you in person? ()Yes ()No

Who is the best school contact (name & phone) for recognition night? _____

COLLEGE/TRADE SCHOOL: Scholarships will not be awarded to applicants who have not chosen a school. You have until July 31, 2023 to name your school. **If no school has been chosen by July 31, 2023, Gems reserves the right to reassign your scholarship award.**

Name of School: _____
Student ID Number: _____
Mailing Address: _____

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 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.
- The application must include your signature (see page 4).

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

1. Completed page 1 of scholarship application including all contact information.
2. Completed page 2 of scholarship application including high school, college/trade school and financial information.
3. Completed page 4 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. 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 the applicant is selected as a winner.

Applications, along with the required supporting documentation, **MUST BE RECEIVED NO LATER THAN 4 PM (CST) ON FRIDAY, MARCH 17, 2023.** 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 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.

_____ Date: _____
Applicant's signature

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

Office Use Only	
Date Received at Gems of Hope office:	

