



The Cassie Hines  
**SHOES CANCER**  
FOUNDATION

## 2019-2020 CHSCF Base 2 Summit Scholarship Application

### Section A: Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about the CHSCF Base 2 Summit Scholarship? \_\_\_\_\_

\_\_\_\_\_

### Section B: School Information

Name of High School \_\_\_\_\_

School Phone Number \_\_\_\_\_ Year of graduation \_\_\_\_\_

School of Choice for Fall 2019 \_\_\_\_\_

Current Year of School (ie: college freshman, grad school) \_\_\_\_\_

Student ID Number (if known) \_\_\_\_\_

## **Section C: Medical Information**

Diagnosis\_\_\_\_\_

Date of Diagnosis\_\_\_\_\_

Age at Diagnosis\_\_\_\_\_

Treatment Center Name \_\_\_\_\_

Treatment Center Address\_\_\_\_\_

Primary Oncologist\_\_\_\_\_

Oncologist Phone Number\_\_\_\_\_

## **Section D: Essay**

When you were diagnosed with cancer you had to adjust to your new “Base” now it’s time to “Reach Your Summit!” In 250-500 words briefly describe where your new “Base” is/was and what your “Summit” will look like. We know your new base started with cancer so don’t spend much time there; we are interested in your bright future. Tell us what you expect to achieve and what motivates you to reach your summit.

- Essays must be typed
- Please attach on a separate piece of paper

## Section E: Authorizations

I certify that all statements in this application are TRUE. I understand that this application will become the property of CHSCF. I agree that my essay may be reprinted in part or in full for the purposes of educating, supporting and helping other students of higher learning affected by cancer. I understand **ALL** Medical information on this application will remain **CONFIDENTIAL**. I understand that **if I receive the CHSCF Base 2 Summit Scholarship** I will be required to submit a photo for use along with my essay for possible website and social media marketing of CHSCF. Other than my first name/last name photo and essay, no other personal information will be used for the purpose of marketing.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

### HIGHER LEARNING VERIFICATION:

I hereby authorize the registrar of my institution of higher learning to provide a representative of The Cassie Hines Shoes Cancer Foundation with information regarding my enrollment status.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**MEDICAL VERIFICATION:**

I hereby authorize \_\_\_\_\_ (Oncology Team listed on application) to provide information regarding my date of diagnosis and age at time of diagnosis to a representative of The Cassie Hines Shoes Cancer Foundation in order to support my scholarship application.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**If you have any questions regarding the application or requirements email our Scholarship Coordinator.**

**Karen Hines: [khines@chscf.org](mailto:khines@chscf.org)**

*Note: After meeting all requirements, verification of application with medical team and school of choice, random draw will determine the final winner.*