

Fall 2022 Children's Cancer Connection Empowering Scholarships

Supported by the Ockenfels Family Foundation

Since 1988, Children's Cancer Connection has focused on connecting families affected by childhood cancer by providing opportunities that encourage relationships and strengthen community. The Ockenfels Family Foundation mission is to be a caring member of the childhood cancer journey, no matter where that journey takes an individual and their family.

Eligibility to apply for Children's Cancer Connection Empowering Scholarships

- Applicant must be directly affected by childhood cancer (includes individuals who currently have or have had cancer before age 18 or a sibling of that individual).
- Applicant must be within the Children's Cancer Connection service area (living, treated or diagnosed in the state of Iowa).
- Applicant must attend an accredited two- or four-year institution (trade school, college or university).

Requirements for Children's Cancer Connection Empowering Scholarships

- Completed Fall 2022 application with two 500-word essays
**Previously submitted essays will not be accepted. New essays must be submitted each time.
- Two letters of recommendation from school, medical or business professionals, dated no more than six months prior to application submission.

Available Children's Cancer Connection Empowering Scholarships

- \$500 Scholarship
- \$1,000 Scholarship
- Scholarship recipients are eligible to receive a scholarship once a calendar year, for a total of four years

Applications for the fall semester are due January 31st.

Applications for the spring semester are due August 31st.

Applicants will be notified by March 1st for the fall semester and October 1st for the spring semester. Funds will be sent directly to the institution listed in the application and must be used for the semester applied for.

Please return completed application, recommendations and essays to:

Children's Cancer Connection Empowering Scholarships
2708 Grand Ave.
Des Moines, IA 50312

Fall 2022 Empowering Scholarships Application

First name: _____ Last name: _____

Address: _____

City, State, and ZIP: _____

County: _____ Phone: _____

Email address: _____

☐ I am a Sibling

☐ I am a Survivor

What hospital were you/your sibling diagnosed and/or treated? _____

Current/previous high school: _____

High School graduation date: _____

College you attend or plan to attend: _____

Accepted admission: ☐ Yes ☐ No

Anticipated major: _____

Anticipated minor: (if applicable) _____

Anticipated college graduation date: _____

Essay Questions

(Please answer the following questions in 500 words or less, typed, on a separate sheet. Previously submitted essays will not be accepted.)

ESSAY 1. How has your family background affected the way you see the world?

ESSAY 2. What traits do you possess that will enhance your education or future career? What are your academic and/or career goals?