



515 MADISON AVENUE, SUITE 1130
 NEW YORK, NY 10022
 212-838-3029
 800-365-1336
 PATIENTSERVICES@BONEMARROW.ORG

Scholarship Grant Application

Please read the Scholarship Grant Guidelines carefully before completing the application form.

Please select one: First-time application Renewal

STUDENT INFORMATION

Student Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

Date of Birth _____
 Grade/Year _____
 Age _____ Sex Male Female
 Race/Ethnicity (optional) _____

PARENT/GUARDIAN INFORMATION

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

MEDICAL INFORMATION

Complete Diagnosis _____

 Hospital or Transplant Center Name

EDUCATION INFORMATION

School/Institution _____
 Address _____
 City _____ State _____ Zip _____
 Contact Name _____
 Contact Phone _____ Email _____

Doctor _____
 Date of Transplant _____

Type of Transplant: (Check all that apply)
 Autologous Bone marrow
 Allogeneic, related Stem cell
 Allogeneic, unrelated Cord blood

SCHOLARSHIP INFORMATION

Check Payable to _____
 Send Check to _____
 Address _____
 City _____ State _____ Zip _____

Funding To Be Used Towards:

- Tuition
- Academic Supplies
- Educational Homebound Equipment

ESSAY

Please write about your transplant journey and how your experience has impacted your life, education and goals. Attach a separate document, explaining in approximately 500 words.

SIGNATURE(S)

I wish to apply for a Scholarship Grant from The Bone Marrow and Cancer Foundation. I certify that I have read and agreed to the eligibility and guidelines, and give permission for my photo to be used for the purposes of The Bone Marrow and Cancer Foundation's website, social media and other communications.

Student _____ Date _____

Parent (if student is under 18 years old) _____ Date _____



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GENERAL OVERVIEW

- Funding helps cover tuition fees, academic supplies and educational homebound equipment
- Grants are awarded for a period of one year and may be renewed upon proof of continued eligibility, academic progress and available funding
- Students may apply for renewed scholarship funding by resubmitting a new application
- Applications for a Scholarship Grant are accepted on a rolling basis
- Scholarship disbursements will be made directly to the institution or student
- Scholarship funds cannot be applied towards an existing loan

ELIGIBILITY

- Student must have undergone a transplant
- Student must be enrolled or preparing to enroll (either part-time or full-time) in primary or secondary public education, two- or four-year college or university, specific trade school or homebound educational program
- Student must demonstrate a need for financial assistance
- Annual household income should be less than \$55,000

APPLICATION PROCESS

- Applicant must submit the application provided online
- A written recommendation from an academic advisor, educator or healthcare professional is required and can be submitted separately.
- Applicant must submit a color photograph with this application or by email.
- Applicant must submit a most recent IRS Form 1040 for proof of household income and proof of current income
- Applicant must submit an end-of-semester transcript at the completion of the scholarship term
- Applicant will be notified of application status within 4 weeks of submission

**The Bone Marrow and Cancer Foundation reserves
the right to modify these guidelines at any time.**