

2009 AUXILIARY BOARD "BOOKS FROM THE BEAR" GRANT

BEAR NECESSITIES PEDIATRIC CANCER FOUNDATION

Mission

Bear Necessities Pediatric Cancer Foundation is a national organization whose mission is to eliminate pediatric cancer and to provide hope and support to those who are touched by it.

Grant Program

3 - \$250.00 grants will be provided for textbooks for college bound/in college students who currently are in treatment for any form of childhood cancer or are a childhood cancer survivor.

Eligibility

1. Applicant must have benefited from Bear Necessities Pediatric Cancer Foundation's Small Miracle Program.
2. Applicant must be an Illinois resident or have received treatment from a Chicago area hospital.
3. Applicant must be a senior in high school or currently enrolled in college. Applicants must currently be in treatment for any form of childhood cancer or be a childhood cancer survivor.

Requirements

1. Applicant must complete application form.
2. The applicant must submit an essay in response to the following question:
Throughout your experience with pediatric cancer, how has Bear Necessities impacted your life? (Submissions must be a minimum of 500 words and no more than 750 words.)
3. Applicant must submit one letter of recommendation. (Letter may come from a teacher, coach, guidance counselor, pastor, etc.)
4. The applicants and their parents, if they are minors, must sign a release agreeing that name and photo can be published in any Bear Necessities PCF website, public relations or marketing materials.

Deadline

Applications must be postmarked by **August 1st, 2009**.
The winning submissions will be notified by August 31st, 2009.

- Incomplete applications will not be considered.
- Applicants must submit all requirements listed above to:
Bear Necessities Pediatric Cancer Foundation
Attn: "Books From The Bear" Grant
55 W. Wacker Drive, Suite 1100
Chicago, IL 60601

2009 AUXILIARY BOARD "BOOKS FROM THE BEAR" GRANT
APPLICATION FORM

Full Name: _____

Date of Birth: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Cancer Diagnosis: _____ Hospital for Treatment: _____

Attending Physician: _____ Current Status: Survivor Currently in treatment

School (Enrolled/Applied to/Plan to Attend): _____

If enrolled, what year in school: _____

Major or Intended Major: _____

By signing below, you confirm that all of the above information is accurate, your submitted work is your own work and that you give Bear Necessities Pediatric Cancer Foundation permission to publish your submission, photo and name.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Required if applicant is under 18)