



www.champsagainstcancer.org

Champions Against Cancer Foundation  
P.O. Box 115  
Highland, Maryland 20777

championsagainstcancer@gmail.com

## APPLICATION FOR THE JOHN L. CHAMPION MEMORIAL SCHOLARSHIP

The *Champions Against Cancer Foundation* established the John L. Champion Memorial Scholarship to support the financial needs of graduating high school seniors whose lives have been affected by cancer. The awards seek to honor the spirit, positivity, sharp mind and determination that John displayed during his life and his 10-month battle with lymphoma. Scholarship award amounts will be up to \$1,000 each.

### DUE DATE

Applications are due **by APRIL 15, 2023**  
Award recipients will be notified **by MAY 1, 2023**

### QUALIFICATIONS

- Applicant must be a graduating senior currently attending one of Howard County, Maryland's 12 public high schools.
- Applicant must have a parent/guardian who had or has cancer or lost a parent/guardian to cancer.
- Applicant will attend a higher education/vocational institution in the fall of 2023.

### LETTERS OF RECOMMENDATION

Each application must include the following Letters of Recommendation (**two** in total). Each recommendation should discuss how cancer has affected the applicant, as well as the applicant's plans for continuing education.

- One school recommendation from a teacher or guidance counselor from the high school the applicant is currently attending.
- One community recommendation from one of the following: place of worship, place of employment, counselor/social worker, hospital representative, coach, neighbor, or other non-relative.

PERSONAL INFORMATION

*Applicant's Name:* \_\_\_\_\_

*Applicant's Date of birth:* \_\_\_\_\_

*Applicant's High School:* \_\_\_\_\_

*Applicant's Home Address:* \_\_\_\_\_

*Applicant's Contact Information:*

*Cell:* \_\_\_\_\_

*Email:* \_\_\_\_\_

APPLICANT'S PERSONAL ESSAY (Please attach a typed essay to this application.)

In 250 words or less, please describe how cancer has affected your life.

APPLICANT'S CONFIRMATION OF THE FOLLOWING REQUIRED

I certify that all statements in this application are true. I understand that if I have not been truthful in any aspect of this process, I become ineligible for a scholarship and any funds I have been awarded will be terminated. I also certify that any funds awarded will be used only for fees related to the educational or vocational school I will attend.

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**Applicant's Signature**

**Date**

**Please mail the application, along with two recommendation letters personal essay, to:**

Champions Against Cancer  
P.O. Box 115  
Highland, Maryland 20777

**Or send via email to:** [championsagainstcancer@gmail.com](mailto:championsagainstcancer@gmail.com)

**Please note that any awarded scholarship funds will be mailed directly to the applicant's educational/vocational institution of choice.**