



# JOHN ATKINSON

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# LUNG CANCER FOUNDATION

*A Father's Legacy – providing  
scholarships to children who have  
lost a parent to lung cancer.*

## ***John Atkinson Lung Cancer Foundation*** ***Scholarship Application***

The John Atkinson Lung Cancer Foundation's mission is to serve as a leader in lung cancer awareness while bringing hope to the children of parents who have lost their lives to the disease. The foundation was named for John Atkinson, a nonsmoking father of three and devoted husband, who died of lung cancer in June of 2009. The inspiration that John provided throughout his journey will never be forgotten. We hope to honor his memory and carry out his legacy by offering this scholarship program to all eligible applicants.

## Scholarship Fact Sheet

### Eligibility

- A high school senior who has lost a parent to lung cancer.
- A minimum cumulative grade point average of 2.0
- Enrollment in a post-secondary institution (ie: junior college, university, vocational/trade school). Evidence of enrollment must be provided.

### Application Requirements

- Completed application form
- Official high school transcript with minimum cumulative GPA of 2.0
- Acceptance letter from college/school that student will be attending
- Copy of death certificate from deceased parent **\*\*Must state lung cancer as cause of death\*\***
- Two essays
- Two letters of recommendation

### Deadline

- Application must be postmarked on or before March 1, 2019.

### Type of Reward

- Scholarship range - \$500 - \$2,500

### Completed Application Sent To:

John Atkinson Lung Cancer Foundation  
Jenny Haase, Program Coordinator  
P.O. Box 258  
Gretna, NE 68028-0258

### Questions?

Jenny Haase, Program Coordinator  
[jenny@johnatkinsonfoundation.org](mailto:jenny@johnatkinsonfoundation.org)

## How to Apply

Fill out the following application completely and include all attachments requested. The applicant should mail the completed application and attachments to the address below. Keep one full copy of this application for future reference.

**John Atkinson Lung Cancer Foundation**  
ATTN: Jenny Haase  
PO BOX 258  
Gretna, NE 68028-0258

**I. Scholarship Application**

All applicants must complete **one** copy of the following application form.

**II. Academic Performance**

Attach or have your school send one **sealed official copy** of your current transcript showing your overall grade point average, cumulative GPA must be 2.0.

**III. Post - Secondary Plan**

Provide a copy of your **official** college acceptance letter.

**IV. Proof of Eligibility**

Provide a copy of the death certificate from the deceased parent. **\*It must state that the cause of death was lung cancer.**

**V. Student Essays**

**Two** individual typewritten essays are required by each applicant. Your full name should be included at the top of each essay

1. The first essay topic is **required** by all applicants. It should be answered by a minimum of three paragraphs in length.

*"How will this scholarship affect you and your family?"*

2. Next, write **one** essay choosing from the following topics:

*"How has the occurrence of lung cancer in your parent impacted your life?"*

*"What has been your biggest adjustment since your parent's battle with lung cancer?"*

*"What have you learned from this experience and how might you help others because of it?"*

*"What do you cherish more now than before this experience with your parent's lung cancer?"*

**VI. Two Letters of Recommendation**

One letter of recommendation must be from a teacher, counselor or principal who knows you well. One letter of recommendation can be from a person of your choice.

**VII. Photographs (Optional)**

Include a photograph, preferably of you with your deceased parent.

**John Atkinson Lung Cancer Foundation  
Scholarship Application Form**

**Applicant Information:**

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

**Street Address:** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

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

**Gender**                      **Male or Female**

**U.S. Citizen**                      **Yes or No**

**College/University you  
plan to attend** \_\_\_\_\_

**Major Field of Study** \_\_\_\_\_

**Parent or Guardian Information:**

**Parent or Guardian Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Parent E-mail Address** \_\_\_\_\_

**Student Education Information:**

**High School Attending** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Application Form Continued**

**Graduation Date**

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**Honors, Extracurricular  
Activities & Offices Held**

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**Other:**

**Work Experience**

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**Community Service**

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## **Signature Page**

By applying for this scholarship, the applicant agrees to give The John Atkinson Lung Cancer Foundation permission to use the applicant's name, photo of applicant/family members, and essay information on the official website at: [www.johnatkinsonfoundation.org](http://www.johnatkinsonfoundation.org) The foundation may also use the information and photos on its Facebook page and its promotional materials.

### **Applicant and Parent Affirmation**

Both applicant and parent or guardian must read the following statement and sign as indicated.

We affirm that the information provided on this application is accurate to the best of our knowledge. We understand misrepresentations may constitute fraud which may result in the loss of eligibility of this scholarship or have other legal consequences. We give permission for the Selection Committee of The John Atkinson Lung Cancer Foundation to review student transcripts and other personal information.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**