



The Cassie Hines
SHOES CANCER
FOUNDATION

2023-2024 CHSCF Base2Summit Scholarship Application

Section A: Personal Information

Name _____

Address _____

Male _____ Female _____

Date of Birth _____

Mobile Number _____

Email _____

How did you hear about the CHSCF Base 2 Summit Scholarship? _____

Section B: School Information

Name of High School _____

School Phone Number _____ Year of graduation _____

School of Choice for Fall 2023 _____

Current Year of School (ie: college freshman, grad school) _____

Student ID Number (if known) _____

Section C: Medical Information

Diagnosis_____

Date of Diagnosis_____

Age at Diagnosis_____

Treatment Center Name _____

Treatment Center Address_____

Primary Oncologist_____

Oncologist Phone Number_____

Section D: Essay

When you were diagnosed with cancer you had to adjust to your new “Base” now it’s time to “Reach Your Summit!” In 250-500 words briefly describe where your new “Base” is/was and what your “Summit” will look like. We know your new base started with cancer so don’t spend much time there; we are interested in your bright future. Tell us what you expect to achieve and what motivates you to reach your summit.

- Essays must be typed
- Please attach on a separate piece of paper

Section E: Authorizations

I certify that all statements in this application are TRUE. I understand that this application will become the property of CHSCF. I agree that my essay may be reprinted in part or in full for the purposes of educating, supporting and helping other students of higher learning affected by cancer. I understand **ALL** Medical information on this application will remain **CONFIDENTIAL**. I understand that **if I receive the CHSCF Base2Summit Scholarship** I will be required to submit a photo for use along with my essay for possible website and social media marketing of CHSCF. Other than my first name/last name photo and essay, no other personal information will be used for the purpose of marketing.

SIGNATURE _____

DATE _____

PRINTED NAME _____

HIGHER LEARNING VERIFICATION:

I hereby authorize the registrar of my institution of higher learning to provide a representative of The Cassie Hines Shoes Cancer Foundation with information regarding my enrollment status.

SIGNATURE _____

DATE _____

PRINTED NAME _____

MEDICAL VERIFICATION:

I hereby authorize _____ (Oncology Team listed on application) to provide information regarding my date of diagnosis and age at time of diagnosis to a representative of The Cassie Hines Shoes Cancer Foundation in order to support my scholarship application.

SIGNATURE _____

DATE _____

PRINTED NAME _____

If you have any questions regarding the application or requirements email our Scholarship Coordinator.

Karen Hines: khines@chscf.org

Note: After meeting all requirements, verification of application with medical team and school of choice, random draw will determine the final winner.