

CANDLELIGHTERS
Childhood Cancer Family Alliance

SCHOLARSHIP FUND

CONTRACT OF UNDERSTANDING.

To ensure that our scholarship recipients understand the importance of meeting the requirements of this scholarship, we have developed this Contract of Understanding. By signing below, you are acknowledging that if you fail to meet the requirements, you will be eliminated from the scholarship program for the remainder of the school year. (Note: Elimination from the program does not keep you from applying for a scholarship later.)

Please read the conditions below and understand that for us to be fair to all recipients, no exceptions will be made. Sign and return to:

Candlelighters
8323 Southwest Freeway, Suite 435
Houston, TX 77074

The applicant must have been diagnosed with childhood cancer prior to the age of 18, and currently between the ages of 16 and 24. **Completed applications must be received on or before May 1st at 5:00 p.m.** to be eligible for consideration. **Applicants must have been treated at M. D. Anderson Children's Hospital or Texas Children's Hospital in Houston to be eligible.**

Scholarship winners may have their essays and photos edited and printed in the Candlelighters' quarterly newsletter. (You will have a chance to see the copy before printing.)

It is understood that I will continue to receive funds for the scholarship year if I:

- ✚ remain enrolled in the school for which I was given this scholarship, unless the Candlelighters organization approves a change;
- ✚ register for a minimum of 18 hours per year (9 per semester) (or full-time for vocational school) for the scholarship year, unless approved by Candlelighters;
- ✚ achieve a 2.0 grade point average (or the equivalent in a vocational school) for the fall semester;
- ✚ submit requested grades and proof of registration as requested; translate any necessary documents into English.

In addition, I understand that my scholarship may be withdrawn if I:

- ✚ attend a school not indicated on my application.
- ✚ fail to inform Candlelighters of address or phone number changes or supply an alternative means of contact, such as FAX, e-mail.

Scholarship Recipient Signature

Date

Print Name