



SAINT JOSEPH'S
Cancer Survivors' Network

Dear Applicant for the Margaret A. Riley Sharing the Journey Scholarship:

We are excited that you are applying for this important scholarship. Please fill out the application below. Cancer Survivors and/or Caregivers, please fill out Section A. Cancer Survivorship Volunteers and other applicants, please fill out Section B. **All Applicants should also fill out Section C.** You may add additional pages to your application if you find there is not enough room. Please type your responses if possible. **Please return the application to the Cancer Survivors' Network no later than Friday, Sept 3, 2010.** You may mail, fax, or e-mail it. For more information about the history and intent of this scholarship, please see the brochure or call 678-843-5051 with any questions. We look forward to receiving your application.

Return Application by Friday, Sept. 3, 2010 to:

Cancer Survivors' Network - Margaret A. Riley Scholarship
Saint Joseph's Hospital
5665 Peachtree Dunwoody Road, NE
Atlanta, GA 30342

Fax:
678-843-5615

E-mail:
csninfo@sjha.org

Sincerely,

2010 Cancer Survivors' Network Margaret A. Riley Scholarship Committee

**MARGARET A. RILEY
SHARING THE JOURNEY SCHOLARSHIP
APPLICATION**

Contact/Demographic Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Cancer Survivor (Please Mark One): Yes ___ No ___

Caregiver (Please Mark One): Yes ___ No ___

Cancer Survivorship Volunteer (Please Mark One): Yes ___ No ___

Other (Please Mark One): Yes ___ No ___

If "Other," Please Explain: _____



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SECTION A

IF YOU ARE A CANCER SURVIVOR AND/OR CAREGIVER, PLEASE ANSWER THE FOLLOWING:

What is the date of diagnosis? _____

What type of cancer? _____

What treatments have been received to date? _____

What is the current status?

Watchful Waiting ____ In Treatment ____ In Remission ____ Recurrence Management ____

Other (please explain) _____

How has cancer negatively and positively impacted your life? _____

Have you made any lifestyle changes as a result of cancer? _____

Are you involved in volunteer activities? If so, what kinds? _____

What are some of your personal expectations for the future? _____

-Please Proceed to Section C-

SECTION B

**IF YOU ARE A CANCER SURVIVORSHIP VOLUNTEER OR FALL UNDER THE CATEGORY OF "OTHER,"
PLEASE ANSWER THE FOLLOWING:**

What is your personal or professional relationship to cancer? _____

What is your total length of cancer service? _____



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How has cancer negatively and positively impacted your life? _____

Have you made any lifestyle changes as a result of cancer? _____

Are you involved in volunteer activities? If so, what kinds? _____

What personal contribution to cancer survivorship gives you the most pride? _____

What are some of your personal expectations for the future? _____

-Please Proceed to Section C-

SECTION C

ALL APPLICANTS, ANSWER THE FOLLOWING:

What is your reason for applying? _____

What have you come to learn, understand, believe, and expect regarding cancer? _____

Are there any specific cancer survivorship activities and/or programs that you have personally supported? _____
