



# Pediatric Brain Tumor Foundation

## **PBTF Scholarship Program**

Scholarships offer more than financial assistance. They also acknowledge the unique accomplishments of brain tumor survivors. The PBTF is proud to offer a scholarship program to students who have survived a central nervous system tumor.

Awards may be used to cover tuition, fees and books at any post-secondary institution, including technical schools, vocational schools, junior colleges and four-year colleges or universities. (At this time, our scholarship awards are not available to graduate students.)

### **Eligibility criteria**

Students must meet the following criteria to apply for a PBTF scholarship.

- Diagnosed at or before age 19 with a primary malignant or non-malignant central nervous system brain and/or spinal cord tumor
- At least a senior in high school
- 23 years old or younger on or before Aug. 31, 2009

If you would like to apply for the scholarship, please complete and sign the attached Scholarship Application Request Form. Send it to the address listed below or fax it to 828-665-6894.

If you are eligible for the scholarship, we will send you a full application packet. Your completed application packet must be postmarked by Monday, March 2, 2009. We will announce the 2009 awards in June 2009 and notify all applicants by mail.

Award checks will then be issued upon receipt of the student's tuition statement and/or textbook receipts. Tuition will be paid directly to the educational institution. Awards may be used to cover tuition, fees or books at technical schools, vocational schools, junior colleges or four-year colleges and universities.

If you have any questions, please do not hesitate to call 800-253-6530 or email [familysupport@curethekids.org](mailto:familysupport@curethekids.org).

Pediatric Brain Tumor Foundation  
302 Ridgefield Ct.  
Asheville, NC 28806  
800-253-6530  
828-665-6891, ext. 306  
828-665-6894 (fax)

[www.pbtfus.org](http://www.pbtfus.org)



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## 2009 Scholarship Application Request Form

Applicant Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Female  Male

Type of tumor (Histological Diagnosis) \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Current year in school: High School \_\_\_\_\_ College \_\_\_\_\_

Have you ever applied for a PBTF scholarship?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date \_\_\_\_\_

Have you ever received a scholarship from the PBTF?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date \_\_\_\_\_

Have you ever attended a Ride for Kids® Event? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where was the event held? \_\_\_\_\_

What year(s)? \_\_\_\_\_

How did you hear about the PBTF Scholarship Program?

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (If Applicant is under the age of 18)