

2025 Fall CCA Scholarship

Presented by [The CancerCollegeAlliance, Inc.](#)

The CancerCollegeAlliance Scholarship is designed to support current college students enrolled in courses and are currently facing a cancer diagnosis. The scholarship aims to uphold the mission and vision of CCA by offering support and resources for students identifying as patients by bridging community, education, support, healthcare, and empowerment.

The CancerCollegeAlliance, Inc. will be distributing **ONE \$500** scholarship for the Fall 2025 semester. In addition, the winner will receive a CCA T-shirt and a Campus Care Kit. Applications are due **July 31, 2025** by **11:59 P.M. EST**.

Before completing the document below, please see the following guidelines to apply: Applicants **must** be:

- 18-39 years old
- U.S. citizen or U.S. resident
- Enrolled in a current undergraduate OR graduate/professional program
- Willing to upload a photo of class schedule
- Diagnosed with cancer and undergoing or have completed treatment within 3 years.

If awarded, applicants must agree to:

- Send a general photo of themselves and an additional photo (with campus care kit and tshirt) to be shared on our social media including Instagram, Facebook, Twitter, LinkedIn, & CCA website.
- Allow CCA to share basic information such as first name, degree, school, cancer type, and educational aspirations. We will reach out to you to help generate a statement. This will be shared on our socials.
- Allow CCA to share your “Cancer in College Story” on our social media and website.

Please complete the following information in full. All information provided will be kept confidential and used solely for scholarship consideration.

Personal Information

Name (First & Last): _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

T-shirt Size: _____

Are you currently enrolled for the Fall 2025 semester? _____Yes _____No

University: _____

Major & Degree: _____

Current Program: _____Undergraduate _____Graduate/Professional

Expected Graduation Date: _____

Do you have cancer? _____

Date of Diagnosis:_____

Type of Cancer Diagnosis:_____

Are you actively in treatment? _____Yes _____No

Financial Information

Are you currently employed? _____Yes _____No

If yes, please provide your employer's name and your position: _____

Do you receive any financial aid or scholarships (including financial aid for health and educational scholarships) _____Yes _____No

If yes, please list the sources and amounts: _____

How do you plan on using this scholarship? (max 500 words) Do you plan on using it for treatment? Tuition? Or just to treat yourself to something for your mental health? *What you detail here will not determine scholarship eligibility.*

Please share your Cancer in College story (*max. 500 words*). This may include your diagnosis, how you manage cancer in higher education, a funny story about being a cancer patient in classes, etc. Be creative. This is up for interpretation. What you detail here will not determine scholarship eligibility-we just want to get to know you.

Certification

By signing below, I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that this scholarship is intended to assist current college students who are facing cancer hardships, and I agree to use any funds received responsibly and as stated above.

Signature: _____

Date: _____

Submission Instructions:

Please submit this completed application and proof of Fall 2025 enrollment to info@cancercollegealliance.org by July 31, 2025. If you have questions, please email us or DM on any of our socials.