

Dr. Eileen Gillan Honorary Scholarship 2021 Application



PURPOSE AND AWARD

The REACH for the STARS Pediatric Cancer Survivorship Program at Connecticut Children's is dedicated to creating unique programs and tools that enable pediatric cancer survivors to reach beyond the boundaries of their diagnosis and fulfilling their ambitions while maintaining a high quality of life. The Dr. Eileen Gillan Honorary Scholarship is a one-time scholarship of \$2,500 awarded to one recipient each year. Additionally, two one-time \$500 scholarships will be awarded to the runner-ups.

ELIGIBILITY REQUIREMENTS - *Previous RFTS scholarship awardees are not eligible to apply.*

Applicants must be:

- A graduating, high school senior in good standing
- A pediatric cancer survivor (A patient is considered a survivor from the day of diagnosis)
- Receiving/have received treatment from Connecticut Children's Division of Hematology/Oncology
- Seeking an associate's or undergraduate degree, or a trade school educational program certificate
- Enrolled in/awaiting acceptance from an institution of higher education for fall semester of 2021
- An individual who demonstrates academic ambition and embraces a way of life that overcomes the obstacles of living with a cancer diagnosis

THE SELECTION OF RECIPIENTS AND PRESENTATION OF THE SCHOLARSHIPS

Selection of the recipient will be at the discretion of the scholarship selection committee. The recipient will be notified and the scholarship and certificate will be mailed to the recipient's home address. The scholarship check will be made payable to the survivor for use covering college expenses.

PROCEDURES

To apply, submit a completed application **postmarked by April 30, 2021.**

- The application will need to be completed by the student
- Selection will be based on submission of a completed application, which includes the following sections:
 - 1) Student applicant information
 - 2) Health
 - 3) Academics
 - 4) Additional documents to be provided:
 - a) A copy of your academic transcript
 - b) A recent photograph (School Photo or similar portrait style)
 - c) A two-page essay describing a major personal experience, achievement, risk or ethical dilemma you have faced and its impact on you
 - d) One letter of recommendation from a non-family member
 - e) W-9 Form and New/Change Vendor Form with applicant's information (to expedite check request process)

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Please Print Clearly in Blue or Black Ink

SECTION 1. STUDENT APPLICANT INFORMATION

Name: _____
Home Address (No P.O. Boxes): _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Please check one: Male Female
Tel: _____ Cell: _____
E-mail Address: _____

SECTION 2. HEALTH

Diagnosis Date: _____ Diagnosis: _____
Treatment Received: _____ Treatment Dates: ___/___/___ to ___/___/___
Oncology Doctor at Connecticut Children's: _____
Oncology Nurse at Connecticut Children's: _____
Primary Care Physicians Name: _____
Name of Practice (if different from name above): _____
Office Address: _____
City: _____ State: _____ Zip Code: _____

SECTION 3. ACADEMICS

School Information (plans for Fall 2021):

Name of College/Vocational School: _____
School Address: _____
City: _____ State: _____ ZIP Code: _____

What type of degree are you pursuing? Associate's Undergraduate Trade School

What will your area of study be in the fall semester of 2021?: _____

Career Aspirations:

Academic Honors/Achievements/Clubs and Community Service:

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SECTION 4. ADDITIONAL DOCUMENTS TO BE PROVIDED BY THE STUDENT APPLICANT

- A copy of your academic transcript
- A recent photograph (School Photo or similar portrait style)
 - Mail with application
- A double-spaced, two-page essay about a major personal experience, achievement, risk or ethical dilemma you have faced and its impact on you
- (1) Letter of recommendation that expresses the following (please no family members or Connecticut Children's care providers):
 - Nature and length of your relationship with the applicant
 - Impact of cancer diagnosis on the applicant's life
 - Applicant's unique qualities that demonstrate how he/she overcomes the limitations of living with their diagnosis
- W-9 Form

SECTION 5. APPLICANT CONSENT

By signing below, the applicant authorizes Connecticut Children's to publish, copyright, and use the information contained in this application, including photographs, in advertising and other promotional materials without prior approval, including display on the internet. The applicant also authorizes Connecticut Children's to contact him/her directly. Connecticut Children's is authorized to share the applicant's information and individual story with the media. Recipients may be called upon to share their stories with the media (print, radio or television), either by phone or in person, about their scholarship award and being a survivor. The selection of recipients will be at the sole discretion of the RFTS Program Director and the scholarship selection committee. The recipient will be notified by **May 31, 2021**, with a personal telephone call from Connecticut Children's. The scholarship check will be made payable to the survivor and mailed in early June 2021.

To be signed if applicant is 18 years of age or older:

I confirm that I am 18 years of age or older and that I meet the eligibility requirements for the 2021 RFTS Scholarship. I understand and agree to the conditions under which I am entering my application.

Signature: _____ Date: _____

To be signed if applicant is less than 18 years old:

I acknowledge that I am the parent or legal guardian of the applicant and confirm that they meet eligibility requirements for the 2021 RFTS Scholarship. I understand and agree to the conditions under which he/she is entering his/her application.

Parent/Guardian Signature: _____ Date: _____

Questions may be directed to:

Megan Elias

Center for Cancer and Blood Disorders at Connecticut Children's Medical Center.

melias@connecticutchildrens.org

Please mail completed application (essay, letters of recommendation, photo, and transcripts)

Postmarked by 4/30/2021 to:

Connecticut Children's Medical Center

Center for Cancer and Blood Disorders

Attn: Megan Elias – Dr. Eileen Gillan Scholarship

282 Washington Street, Suite 5A, Hartford, CT 06106

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		
or									
Employer identification number									
					-				

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION
New / Change Vendor Form

282 Washington Street, Hartford, CT 06106 • Email: ccmcw9@connecticutchildrens.org

NAME AND REMIT TO ADDRESS (1):

PURCHASE FROM ADDRESS:(If different than remit to address)

Three horizontal lines for Name and Remit to Address

Three horizontal lines for Purchase from Address

PH#

PH#

Fax#

Fax#

Email:

Email:

1. Are you a physician or a physician's family member (spouse, children, parents, siblings, in-laws, Grandparents or grandchildren or their spouses)?

Yes No If yes, state the physician's name, address, and physician identification number (UPIN), if known.

Physician:

Physician Address:

UPIN:

2. Is your company owned by a physician or physicians or their family members as defined above?

Yes No If yes, state the physician's name, address and physician identification number (UPIN), if known.

Physician:

Physician Address:

UPIN:

3. Are you a diversity owned entity?

Yes No If yes, please check all that apply: Minority Owned Veteran Owned Woman Owned

4. Are you or have you ever been excluded from participation in Medicare, Medicaid or any other federal Health program, or have you ever been subjected to criminal conviction?

Yes No If yes, please explain:

5. You agree to abide by the Standards for Business Ethics and Conduct set forth by Connecticut Children's Medical Center which can be found on the Connecticut Children's internet site at:

http://www.connecticutchildrens.org/resources/about-us/vendors-and-contractors/

PRINTED NAME DATE

SIGNATURE TITLE