

CPALS Scholarship Application Cover Page

Please include this form with your essay submission.

Patient/Student Name:

Last First M.I.

Permanent Home Address

 Street City State Zip

Email:

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College/University or Tech School you plan to attend for the 2021-2022 academic year

(Include proof of acceptance or enrollment with your essay submission)

Intended Course of Study

Pediatric Hematology / Oncology Background

Diagnosis or reason you were treated at UNC’s Pediatric Hematology-Oncology clinic

Primary Doctor at UNC