



**UIDANCE  
MARATHON**  
*Creating tomorrow by dancing today.*

145 Iowa Memorial Union  
Iowa City, IA 52242  
319.353.2094  
www.dancemarathon.org  
dance-marathon@uiowa.edu

### *UI Dance Marathon Scholarship Program Guidelines*

- UI Dance Marathon Scholarships are available to all hematology/oncology pediatric patients who have received cancer treatment at University of Iowa Stead Family Children's Hospital and who plan to or are currently enrolled at The University of Iowa. Applicants must be a Dance Marathon Family or a Forever Family when the application is submitted.
- Applications are available online at: [www.dancemarathon.org](http://www.dancemarathon.org).
- Applications should be submitted by May 1, 2017. Scholarships are for the academic year beginning with the fall semester of the same calendar year in which the application is submitted. Scholarships are available for fall and spring semesters only.
- Applicants may receive a maximum scholarship award of \$2,000.00 per semester that will be applied toward the student's University bill (UBill) for tuition and university fees only.
- All scholarship recipients, current and new, must complete and submit an application by the deadline each year to be eligible.
- Scholarships are renewable for up to four (4) years of undergraduate academic study. Participation in UI Dance Marathon (e.g., committee member, Dancer, volunteer) is strongly encouraged.
- All applicants must complete the scholarship application and sign a Dance Marathon "Media Release" form. Portions of each applicant's essay may be used in Dance Marathon promotional materials. A University of Iowa Stead Family Children's Hospital physician must also complete the appropriate portion of the application to verify treatment.
- Applications should be submitted to:

UI Dance Marathon Scholarship Fund  
C/O Tracey Martin, Associate Director, UI Dance Marathon  
Center for Student Involvement & Leadership  
145 Iowa Memorial Union  
Iowa City, Iowa 52242-1317

**Our Mission:** University of Iowa Dance Marathon creates and sustains special projects to provide emotional and financial support for pediatric oncology and bone marrow patients and their families treated at University of Iowa Stead Family Children's Hospital



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**Scholarship Program**

Name \_\_\_\_\_  
Last First MI

M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

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

Permanent Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_  
Day Evening

Current school/college \_\_\_\_\_ Hawk ID \_\_\_\_\_

Current Year: (circle one) HS Senior Freshman Sophomore Junior Senior

College Major \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Number of times applying for this scholarship: (circle one) 1st 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

*Following to be completed by University of Iowa Stead Family Children's Hospital physician from the department of pediatric hematology/oncology:*

I, \_\_\_\_\_, verify that \_\_\_\_\_  
Print Physician Name Applicant Name

**has received cancer treatment at University of Iowa Stead Family Children's Hospital.**

\_\_\_\_\_  
Signature Date

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**MEDIA RELEASE**

I, the undersigned, hereby consent to allow Dance Marathon or its designee to photograph, videotape, and/or audio-record my image and/or voice and the images and/or voices of my minor children. I hereby grant to University of Iowa Dance Marathon the exclusive rights to use the images, voices, names and/or likenesses in any media whatsoever for the purpose of promoting Dance Marathon without any payment to me. The University, its successors and assigns shall own all right, title and interest, including the copyright to any such photograph, videotape, and/or audio recording.

I hereby grant to University of Iowa Dance Marathon the exclusive rights to use any and all “Materials” supplied by me or my minor children, including but not limited to text and photographs, in any media whatsoever for the purpose of promoting Dance Marathon without any payment to me and I warrant that I am the copyright owner of such Materials or have obtained the requisite permission for the copyright owner for such use by Dance Marathon.

I hereby expressly release the State of Iowa; the Board of Regents, State of Iowa; and The University of Iowa, its agents and employees and waive any and all claims or demands that I may have against them to damages or remuneration in connection with such use.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (If under 18 years of age)\* \_\_\_\_\_

\*If you do not wish to grant use of your image, voice or likeness, do not sign, but place a check here:

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## **Essay Question** (please type and submit on a separate sheet of paper)

In 500 words or less, tell us.....

For first time applicants:

*How has cancer affected your life?*

For re-applicants:

*How has this scholarship helped in your academic endeavors?*

University of Iowa Dance Marathon is requesting this information to evaluate your application to the Dance Marathon Scholarship Fund. Your signature below will authorize University of Iowa Dance Marathon to publicize your name in connection with the scholarship if selected as a recipient. It is a policy of University of Iowa to not release information about a student without their permission.

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Parent/Guardian (If under 18 years of age)**

**Please submit applications by May 1<sup>st</sup>, 2017**

**Please mail application to:**

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C/O Tracey Martin, Assistant Director, UI Dance Marathon  
Center for Student Involvement & Leadership  
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