

**Still Waters Cancer Retreat  
Travel Scholarship Application**

**Full Name:** \_\_\_\_\_

**Age, Birthdate:** \_\_\_\_\_  
(STW Scholarships are for fighters, survivors, and caregivers between the ages of 18-39)

**I am (circle):** Fighting Cancer      Surviving from Cancer      Taking Care of a Loved One

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

**E-Mail Address:** \_\_\_\_\_

**Instagram Handle:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Departure Airport(s):** \_\_\_\_\_  
(List up to 3 airports you could leave from)

**Preferred Flight Time (circle):**    Morning                      Afternoon                      Night

**How has cancer affected your life?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why is attending Still Waters Cancer Retreat important to you? What do you hope to get out of Still Waters Cancer Retreat?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All STW travel scholarships are awarded on a first come, first serve basis. All other applications will be put on a wait list. Please don't hesitate to e-mail any further questions to [Madison@SparktheWay.org](mailto:Madison@SparktheWay.org). Thank you!

