



The Childcan Post Secondary Bursary

INSTRUCTIONS

- a) Each applicant must **complete** the Application Form.
- b) Applications must be received at the Childcan office no later than June 30, 2019
- c) Applications received after this date **will not** be considered. No exceptions.

ELIGIBILITY TOOL

- a) You must have been treated for some form of childhood cancer, or still be on treatment.
- b) You must provide a letter from a Doctor, Nurse Case Manager or Social Worker stating you have been previously treated or are being treated presently for childhood cancer.
- c) You were diagnosed through Children's Hospital's Paediatric Oncology services at London Health Sciences Centre, London, Ontario.
- d) You are a Canadian Citizen or a Landed Immigrant.
- e) You are between the ages of 17 and 24.
- f) You must provide a letter of acceptance to your post secondary education institute verifying your application for studies and acceptance.
- g) You are only eligible to be awarded this bursary **once** in the course of your post secondary studies. You are, however, eligible to apply more than once if you have not been successful the first time.
- h) You must provide a letter of reference from a teacher.
- i) You must agree that Childcan will publish your name as award recipient in an upcoming newsletter, on its website and/or through social media and reserved the right to otherwise promote the recipients. By submitting, you are acknowledging and agreeing to this.

You will be notified in writing once your application has been received and award recipients will be notified in writing by the beginning of August.

Please ensure your application is complete.

Checklist:

Application form ____ Your letter of interest _____

Letter from Health Care Professional _____

Letter of Acceptance/Verification of Application from post secondary education institute _____

Letter of reference from teacher _____

Mail to:

Childcan

C/o Childcan Bursary Review Committee

792 Commissioners Rd. West

London, ON N6K 1C2



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Application Form

Please complete the following:

First Name: _____

Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Email: _____

Type of Childhood Cancer: _____

Currently in Treatment: _____ Yes _____ No

Treatment End (date): _____

Name of High School where you graduated: _____

Date graduated: _____

Name of post secondary education institute applied to: _____

Name of Program you will enter: _____

Social Insurance Number (SIN) _____

(Your SIN# is required by the Canada Revenue Agency – CRA Income Tax Act reporting requirements. The CRA requires all organizations issuing post secondary bursaries to issue T4s at year end to successful recipients as part of Childcan's year end requirements as a registered Charity.)



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Please write a letter to the Review committee describing your future academic goals. This letter should include why you are applying and what volunteer work you have done. This letter is obviously the focal point of your application. It may be as long as you wish.

Your signature: _____

Signature of Parent or Guardian: _____

Date: _____

If you have any questions prior to filling out this application please be in contact with Renee at Childcan, by Email: renee@childcan.com or 519-859-5424 or 519-685-3500.

We wish you luck and look forward to receiving your application.