



**Northern Ontario Families of Children with Cancer-NOFCC
SHINE BRIGHT BURSARY APPLICATION FORM**

This form must be MAILED with the accompanying documents – faxes and e-mails will NOT be accepted.

Please send the completed application form and all required documents to:

Northern Ontario Families of Children with Cancer-NOFCC
Shine Bright Bursary Selection Committee
1901 Lasalle Blvd.
Sudbury, ON
P3A 2A3

Deadline: Application form and required documents must be post-marked no later than the **August 31st**. Applications post-marked after this date will not be accepted nor will they be held over for the next year. Application material will not be returned to applicants.

Please keep the office informed of any changes to your contact information.

For addition information, please contact the Northern Ontario Families of Children with Cancer at (705) 586-3229



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Personal Information

Name _____

Email Address _____ SIN Number _____

Female Male Canadian Citizen

Educational Information

High School _____

Highest level of education _____

Other post secondary courses completed _____

Current year Educational Institution _____

Name of Program _____

Current Year in Program _____ Total Years in Program _____

Patient Information

Name of child diagnosed _____ Age of child at diagnosis _____

Year of diagnosis _____ Type of Cancer _____

Year of relapse (if any) _____ Year of death (if applicable) _____

Siblings' names and ages:

Name _____ age: _____

Name _____ age: _____

Name _____ age: _____

Name _____ age: _____

Name _____ age: _____

Name and Address of Parent(s)/Guardian

Name _____

Street _____ Apartment _____

City _____ Province _____ Postal Code _____

Telephone _____ Cell phone _____



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Applicant's Current Address Information

Street _____ Apartment _____
City _____ Province _____ Postal Code _____
Telephone _____ Cell phone _____

Applicant's Permanent Address Information (if different than Current Address)

Street _____ Apartment _____
City _____ Province _____ Postal Code _____
Telephone _____

Address Information during treatment (if different than Current Address)

Street _____ Apartment _____
City _____ Province _____ Postal Code _____

This application must be accompanied by:

- A letter sharing the applicant's story telling how childhood cancer has affected his/her life;
- A completed Application Form, including the signed "Applicant's Consent to Release Information" (see following page);
- Proof of registration at a post-secondary institution (letter from Registrar); and
- Proof of diagnosis



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Applicant’s Consent to Release Information

This confidential information will assist the Northern Ontario Families of Children with Cancer Bursary Selection Committee in determining bursary recipients.

The undersigned hereby authorizes the Northern Ontario Families of Children with Cancer Bursary Selection Committee to review medical information for the purpose of award selection.

The undersigned hereby declares that the information submitted in this form is true and correct to the best of my knowledge. Completion of this signed form permits the Awards Officer or a designate to access transcript information and to permit members of the Bursary Selection Committee to view transcripts when required.

In accordance with section 42 (b) and 42 (c) of the Freedom of Information and Protection of Privacy Act outlined below, the undersigned also authorizes the use of personal information, comments and photographs by Northern Ontario Families of Children with Cancer-NOFCC for promotional/marketing purposes.

Section 42:

An institution shall not disclose personal information in its custody or under its control except:

(b) where the person to whom the information relates has identified that information in particular and consented to its disclosure

(c) for the purpose for which it was obtained or compiled for a consistent purpose

This information is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19.

Should you have any questions regarding our privacy policy please contact our privacy officer at info@nofcc.ca

Signature Name Date

Telephone number: _____

Fax: _____