



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

Please send the completed application form and all required documents by regular mail, fax or email to:

Northern Ontario Families of Children with Cancer-NOFCC
1901 Lasalle Blvd.
Sudbury, ON
P3A 2A3

Phone: 705-586-3229
Fax : 705-586-2180
Email: info@nofcc.ca

Deadline: Application form and required documents must be post-marked no later than the **August 1st.**

If selected proof of enrollment must be submitted no later than **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 NOFCC



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Personal Information

Applicant's Current Address Information

Name _____

Street _____ Apartment _____

City _____ Province _____ Postal Code _____

Telephone #: _____

Email Address _____

SIN Number _____

(This is required information for tax purposes, applications without this will not be accepted)

Female Male Unspecified

****If your address will be different after August 31st, please indicate that address
here for delivery of bursary****

Street _____ Apartment _____

City _____ Province _____ Postal Code _____

Educational Information

Educational Institution Attending _____

Name of Program _____

Current Year in Program _____ Total Years in Program _____

Patient Information

Name of child diagnosed _____

Year of diagnosis _____ Type of Cancer _____



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Name and Address of Parent(s)/Guardian

Name _____
Street _____ Apartment _____
City _____ Province _____ Postal Code _____
Telephone _____ Cell phone _____
Email: _____

This application must be accompanied by

- A letter that highlights **one or more** of these topics:
 - the impact of childhood cancer in general
 - its impact on you and/or your family;
 - your personal experience with childhood cancer;
 - how NOFCC supported your family and what difference that made for your family;
- 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 (if family has never been referred for support in the past)



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Applicant's Consent to Release Information

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

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 NOFCC or a designate to access and 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 office at info@nofcc.ca or by calling 705-586-3229

Name _____

Date _____

Signature _____