Northern Ontario Families of Children with Cancer

SHINE BRIGHT BURSARY APPLICATION FORM

AWARD CRITERIA

✓ The applicant must be a Canadian Citizen, a Permanent Resident of Northern Ontario's "P" postal code boundary during the treatment period.

✓ The applicant must be a **survivor** of childhood cancer **or** the **sibling** of a child diagnosed with childhood cancer.

✓ The applicant must be enrolled in a full-time post-secondary program.

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
1375 Regent Street, South, Unit MB, Sudbury, Ontario P3E 6K4

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

APPLICATION DEADLINE: AUGUST 1ST

IF SELECTED PROOF OF ENROLLMENT MUST BE SUBMITTED AS SOON AS POSSIBLE

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

For additional information, please contact NOFCC

NOFCC is not funded by the government and relies solely on donations and fundraising events.

Personal Information

Applicant's Current Address Information

Name: _____

Street: _____ Unit/Apt. _____

City: _____ Province: _____Postal Code _____

Telephone: _____

Email:_____

SIN #: _____

(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: _____ Unit/Apt.: _____

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 _____ Diagnosis: _____

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Name and Address of Parent(s)/Guardian

Name: _____

Street: _____ Unit/Apt.: _____

City _____Province: _____ Postal Code: _____

Telephone: _____ Cell: _____

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 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 _____