



## 2019-2020 Bursary Introduction

### **About the Bursary**

The Kids with Cancer Society is proud to offer a limited number of eligible applicants an award between \$500.00-\$1,500.00 to help offset the costs of their post-secondary education.

The Kids with Cancer Society bursary will only be awarded to those who have never previously received a bursary from the KWCS. Multiple or annual bursaries will not be awarded. Preference will be given to those who have not received other scholarships or bursaries.

### **Eligibility**

Applicants must:

- have never received a bursary from the Kids with Cancer Society
- have been treated for some form of childhood cancer, or still be on treatment
- be a registered member of the Kids with Cancer Society
- be a resident of Northern Alberta or the NWT
- be a Canadian Citizen or a landed immigrant
- be 17 or older
- registered in a post-secondary institution for the 2019-2020 academic year

### **Application Deadline**

- Applications must be received at the Kids with Cancer Society office no later than **Friday, July 26, 2019.**
- Incomplete applications will only be accepted if all missing/incomplete documentation is provided no later than July 26, 2019.
- You will be advised no later than August 14, 2019 as to the status of your application.

### **Payment Information**

- Bursary monies are to be used to offset tuition fees, mandatory fees, text and supply fees and/or any training related expenses the applicant may incur as a result of pursuing their indicated program of study.
- No part of the bursary may be applied to personal costs, previous debt, accounts or shortfalls; all award monies must be allocated to costs associated with the qualified program of study.
- The cheque will be made out directly to your post-secondary institution or other institution in your name. **Payment of the bursary will be discussed further upon notification of acceptance.**
- If for any reason the bursary recipient does not attend the indicated post-secondary institution or other institution, all bursary monies must be returned to the Kids with Cancer Society immediately.



## Bursary Application Guide 2019-2020

This guide is provided to help you complete your application.  
Please do not submit this guide with your final application package.

### **Personal and Contact Information** (page 1 of Bursary Application)

- Clearly indicate your full legal name and contact information in this section.
- Indicate required information regarding your attended high school.
- Answer all questions pertaining to your treatment accurately and to the best of your knowledge.

### **Educational Plan for the Upcoming Academic Year** (page 1 & 2 of Bursary Application)

- Indicate your intended area of program study.
- Indicate the post-secondary or other institution that you have applied to or will be attending.
- Indicate your current status with the institution.
- You must provide a letter of acceptance or other valid proof from your post-secondary institution verifying your application for studies and acceptance.

### **Prior Monetary Awards** (page 2 of Bursary Application)

- In this section, you must also provide information on any other bursaries or scholarships that you have received or will be receiving for this school year 2019-2020.

### **Essay**

- Please write an essay describing your future academic goals. This essay is your opportunity to present a persuasive case in support of your application.
- There is **no limit to the length** of your essay.
- You may wish to include details about the following:
  - A brief history about your background, your journey with cancer and how you came to a decision about your future
  - Why you are applying, the importance of this bursary and how it will contribute to your success
  - Your goals and what you hope to achieve
  - Community involvement or volunteer work

### **Personal References**

- One letter of reference is required. Your reference must be someone who has known you for at least two years who can provide comment about your character, commitment to achieving your educational and/or career goals, and/or your commitment to the community.
- Your reference must not be a family member or a close relative.
- Letters must be current and dated.

### **Letter from a Health Care Professional**

- A letter must be received from an oncology physician or family doctor confirming you are currently on treatment or have been treated for some form of childhood cancer.

### **Declaration and Consent** (page 3 of Bursary Application)

- Read this section carefully, sign and date the form.

### **Submitting your Application**

- All Applications must be printed or completed electronically.
- The application deadline is **Friday, July 26, 2019**.
- Applications can be submitted in person or by mail, fax or email.

Please forward your completed application and all required supporting documentation to:

Attn. Bursary Application  
Kids with Cancer Society  
11135- 84 Avenue  
Edmonton, AB T6G 0V9

Or

Fax: 780-496-2451

Or

Email: ainsleyf@kidswithcancer.ca

**Completed applications and supporting documentation must be received by the Kids with Cancer Society no later than July 25, 2018.**

If you have any questions regarding the bursary, your application or eligibility please contact Ainsley Ferguson at 780-496-2459 or ainsleyf@kidswithcancer.ca

### **Privacy Statement** (pursuant to the *Personal Information Protection Act*)

The Kids with Cancer Society collects personal information in a manner that recognizes both the right of an individual to have his or her personal information protected and the need of the Society to collect, use or disclose personal information for purposes that are reasonable in fulfilling the Society's mandate and mission.

The Society uses personal information to record information from students that is needed to process applications and award bursaries.

We do not release information to other fund-raising organizations or to commercial enterprises.



## Bursary Application 2019-2020

Please complete the following—print or complete electronically.

### **Personal and Contact Information** (refer to Application Guide)

Last Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/day/year)

Current Mailing Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a:  Canadian Citizen,  Landed Immigrant or  other, please explain:

\_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Name of High School where you graduated/will graduate: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

Currently on treatment:  Yes  No

Date treatment ended (if applicable): \_\_\_\_\_

### **Educational Plan** (refer to Application Guide)

**My intended/current program of study or course is:** \_\_\_\_\_

I plan to attend:  Full-time  Part time

Degree or diploma to be awarded upon successful completion of program:

\_\_\_\_\_

Anticipated **Start Date** of program or course: \_\_\_\_\_  
(month/day/year)

Anticipated **Completion Date** of program or course: \_\_\_\_\_  
(month/day/year)

**Post-Secondary Institution or Continuing Education Institution**

Name of Institution: \_\_\_\_\_ Location (city): \_\_\_\_\_

Applied to  Conditionally Accepted  Fully Accepted  Other, please explain:

Letter or proof of acceptance attached:  Yes  No

If **No**, Please indicate why:

Annual tuition or course cost: \_\_\_\_\_

**Prior Monetary Awards** (refer to Application Guide)

Please provide details of other scholarships/bursaries that you have received, will be receiving or have applied for during the 2019-2020 school year:

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**Essay** (refer to Application Guide)

**Letter of Reference** (refer to Application Guide)

**Letter from Health Care professional** (refer to Application Guide)

**\*Please note:** Bursary monies are to be used to offset tuition fees, mandatory fees, text and supply fees and/or any training related expenses the applicant may incur as a result of pursuing their indicated program of study. No part of the bursary may be applied to personal costs, previous debt, accounts or shortfalls; all award monies must be allocated to costs associated with the qualified program of study. The bursary cheque will be made out directly to your post-secondary institution in your name.

**Declaration and Consent** (refer to Application Guide)

I confirm that the information I have provided in this application is true, accurate and complete.

I am aware that providing false or misleading information will be considered fraud and will permanently disqualify me from the award of a bursary from the Kids with Cancer Society now or in the future.

I authorize the Kids with Cancer Society to access student information about me that may be maintained by any high school that I have attended as well as any post-secondary institution I may attend in the future for the purpose of determining and verifying eligibility for, and the general administration of the bursary funds that I may be awarded.

I authorize the bursary's review committee to contact my references.

I agree that the Kids with Cancer Society has full and complete decision-making power in awarding bursaries and will not provide, and is under no obligation to provide, reasons for their decisions. I also agree that the decision of the bursary's review committee is final and not subject to appeal.

I agree to allow my name and relevant information to be used in the promotion, marketing and advertisement of this bursary program by the Kids with Cancer Society.

I agree to notify the Kids with Cancer Society should I not attend the post-secondary institution or other creditable institution as indicated in my application.

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Parent or Guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

**Checklist** Please ensure that your application is legible and that the following documentation is submitted **no later than Friday, July 26, 2019:**

- Bursary Application Form including:
  - Personal and Contact Information
  - Education Plan
  - Letter of Acceptance/Verification of Application
  - Prior Monetary Awards
- Declaration and Consent
- Essay
- Letter of Reference, signed and dated
- Letter from Health Care Professional, signed and dated