



## 2026-2027 Bursary Introduction

### ABOUT THE BURSARY

The Kids with Cancer Society (KWCS) is proud to offer a limited number of eligible applicants, an award between \$500 and \$2,000 to help offset the costs of their postsecondary/continuing education goals.

Four bursary awards are available in memory of:

- **Dan McOuat:** Dan was a dedicated volunteer and supporter of the Society for more than 11 years and through this bursary, his legacy shall continue.

Successful Dan McOuat bursary recipients must agree to allow KWCS to reference their name and pose for a photo with the McOuat family.

- **Alicia Fyvie:** Alicia was a brilliant student who was completing her Kinesiology studies at the U of A. She would have loved a legacy of helping other aspiring students who have struggled with a cancer diagnosis to fulfill their dreams.

The Kids with Cancer Society Bursary will be awarded to students who are attending postsecondary/continuing education programs.

### ELIGIBILITY

Applicants must:

- have been treated, are in treatment, or receiving follow-up for some form of childhood cancer at the Stollery Children's Hospital
- 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 years of age or older

- be registered in a postsecondary/continuing education program for the 2026-2027 academic year
- understand that bursaries are not available for high school upgrading

### APPLICATION DEADLINE

- Applications must be received at the Kids with Cancer Society office no later than **Friday, July 31, 2026**. *We recognize that program application deadlines may vary. Please contact us to discuss.*
- Incomplete applications will only be accepted if all missing/incomplete documentation is provided no later than July 31, 2026.
- You will be advised no later than August 18, 2026, 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 the education 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 education institution, all bursary monies must be returned to the Kids with Cancer Society immediately.



## Bursary Application Guide 2026-2027

*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 postsecondary/continuing education 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 the institution verifying your application for studies and acceptance.

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

- Indicate whether this bursary would be your first, second, or third Kids with Cancer Society bursary.
- 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 2026-2027.

### **Application Letter**

- Please write a letter describing your future academic goals. This letter is your opportunity to present a persuasive case in support of your application.
- There is **no limit to the length** of your letter.
- 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 31, 2026**.
- Applications can be submitted in person or by mail, fax, or email.

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

**BY Mail:**

Attn: Bursary Application  
Blair Lewis  
Kids with Cancer Society  
11135 84 Avenue, NW  
Edmonton, AB T6G 0V9

OR

**BY Email:** [BlairL@kidswithcancer.ca](mailto:BlairL@kidswithcancer.ca)

**Completed applications and supporting documentation must be received by the Kids with Cancer Society no later than July 31, 2026. *We recognize that program application deadlines may vary. Please contact us to discuss.***

If you have any questions regarding the bursary, your application or eligibility please contact Blair Lewis, Family Services Manager at 780-496-2459 or [BlairL@kidswithcancer.ca](mailto:BlairL@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 fundraising organizations or to commercial enterprises.



## Bursary Application 2026-2027

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:

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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): \_\_\_\_\_

### Education Plan (refer to Application Guide)

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

I plan to attend:  Full-time  Part-time

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

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Anticipated **START DATE** of program or course: \_\_\_\_\_  
(month/day/year)

Anticipated **COMPLETION DATE** of program or course: \_\_\_\_\_  
(month/day/year)

**Postsecondary/Continuing Education Institution**

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

Applied to  Conditionally Accepted  Fully Accepted  Other, please explain:

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Letter or proof of acceptance attached:  Yes  No

If **No**, please indicate why:

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

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

Would this be your first, second or third Kids with Cancer Society Bursary?  First  Second  Third

Please provide details of other scholarships/bursaries that you have received, will be receiving, or have applied for during the 2026-2027 school year:

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**Application Letter** (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 the 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 postsecondary 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 postsecondary 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 31, 2026**. *We recognize that program application deadlines may vary. Please contact us to discuss.*

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