



**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
667 St. Clair Street, Sudbury Ontario
P3E 4G9

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 of 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.

