



## Youth Education Awards Application Form

Please complete the application in full. The application consists of five (5) parts including: student information and qualifications; work and volunteer experience; financial information, submissions; and a medical eligibility form. All pieces due no later than May 20, 2022 and must be time stamped on or before this due date.

### Student Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Date of Birth (Day/month/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### How did you hear about this award?

- Guidance counsellor  College/University Awards office  Health care professional  Internet search  Brain Tumour Foundation of Canada communication  
 Other (please specify): \_\_\_\_\_

### Student Qualifications

**Please have a health care professional in the neuroscience field complete the Medical Eligibility Form.**

#### Education History:

Type (high school, college or university)	Name of Institution	City/Province	Dates to-from

Please attach a copy of your acceptance letter (if available) or proof of enrollment in a post-secondary institution.

**Work experience and volunteer/community involvement:** Please complete the following. You may attach a separate sheet if needed.

<b>Work Experience</b>			
Date (to-from)	Job title and description	Employer	Hours/week

<b>Volunteer Experience/Community Involvement</b>			
Date (to-from)	Your role (please describe)	Organization	Total Hours

<b>Extra-curricular activities/Hobbies/Interests</b>		<b>Awards and Recognition</b>	
Activity	Year(s)	Award	Year(s)

## Financial Information

Please provide a general description of your financial needs in the table below *OR* attach an Account Summary from your educational institution (tuition and ancillary fees). Do NOT submit any living costs or additional program expenses in the form of books or materials. Only fees paid directly to the institution will be considered for the award. Maximum Award is up to \$5,000

Provide a detailed description of financial needs in the chart below:

<b>Item</b> <i>(Only fees paid directly to the institution will be considered for the award.)</i>	<b>Details</b>	<b>Funds Required</b>

**Total Funds Requested:** \$ \_\_\_\_\_

Note: This is the total cost of tuition and ancillary fees for the coming academic year, starting fall 2022.

**All funds (up to a maximum of \$5,000) are paid to the financial office at the student’s institution of learning, and are based directly on information provided by the award recipient, including student number.** If your application is successful, you are helping to ensure that your award is processed in a timely manner by providing the following information. Please provide the following complete information:

Student Financial Office Contact, including title:

\_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone Number & Email Address: \_\_\_\_\_

## Submissions

### *Personal Essay*

Please submit a two-part essay, detailing, up to a maximum of 1,000 words:

1. **Your journey** as a brain tumour survivor.
2. The impact this award will have on your educational pursuits.

**\*Failure to respect this word limit could disqualify the applicant.**

Note: If you are selected to receive an award, portions of this essay may be used for promotional materials (e.g. BrainTumour.ca website, newsletters etc.).

### *Letter of Character/Recommendation*

**Please submit a letter of character/recommendation.** Select a professional who can speak to your personal characteristics, academic strengths, community involvement, how applicant has overcome adversity and motivation. Examples include a teacher, professor, guidance counsellor or coach. The letter must be submitted in the following way:

- Emailed directly to Susan Ruypers from referee at [sruypers@braintumour.ca](mailto:sruypers@braintumour.ca)

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**Applications that are incomplete or that do not conform to the guidelines provided will automatically be dismissed** from the competition and will not be reviewed.

The signature of the applicant attests that all statements made in the application are true.

#### **Application Checklist:**

- Application form, completed and signed
- Mail a hard copy and email ONE inclusive PDF
- Medical eligibility form
- Letter of acceptance or proof of enrollment in a post-secondary institution
- Personal essay
- Letter of reference (**sent directly via email from referee**)

\_\_\_\_\_  
Name of Applicant (printed)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***\* If applicant is under 18 years of age:***

\_\_\_\_\_  
Name of parent/guardian (printed)

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



## Education Award for Young Brain Tumour Survivors Medical Eligibility Form

This form must be completed by a health care professional in the neuroscience field (i.e. neuro-oncologist, neurosurgeon, neuroscience nurse, social worker) in support of their patient's application towards the Young Brain Tumour Survivors Education Award. ***The deadline for applications is May 20, 2022- NO EXCEPTIONS. Please return this form to your patient before the deadline.***

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Patient Diagnosis

Tumour type: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Treatment: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### Health Care Professional's Information

Name and Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date