



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 April 18, 2025 electronically.** Incomplete packages or packages not received by the due date, will NOT move forward to review committee.

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.

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

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

Extra-curricular activities/Hobbies/Interests		Awards and Recognition	
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:

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

Total Funds Requested: \$ _____

Note: This is the total cost of tuition and ancillary fees for the coming academic year, starting fall 2025.

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: _____

Student Number: _____

Electronic Funds Transfer (EFT) Information for Educational Institution:

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 to sruypers@braintumour.ca

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, no exceptions.**

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

Application Checklist:

- Application form, completed and signed
- 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 April 18, 2025- 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