



## 2026 Youth Education Awards Application Form

**Supporting the educational aspirations for young adult brain tumour survivors and improving access to education.**

### **The goals of the Youth Education Award Program are:**

1) To inspire inclusion and accessibility to post-secondary education for survivors of pediatric brain tumours.

2) To recognize the significant challenges this unique group must overcome, and value the determination and courage exhibited during diagnosis, treatment, and survivorship.

**ELIGIBILITY:** Survivors of a pediatric brain tumour (diagnosed with a brain tumour before the age of 25), currently between the ages of 16 and 30, who will be enrolled full-time in a publicly funded Canadian university or college in September 2026.

Applicants are eligible if they are in their graduating year of High School or CEGEP program, or are currently enrolled full-time in a recognized publicly funded Canadian university or college and planning to continue their full-time undergraduate studies next year.

### **This application consists of six (6) parts including:**

1. Student biographic information
2. Education, goals, and personal essay
3. Motivation towards goals
4. Financial information
5. Patient medical attestation
6. External reference letter

NOTE: Applicants will be evaluated on the demonstrated impact of brain tumour symptoms, diagnosis, treatments, and lifestyle adjustments. Reviewers will consider the information provided by applicants in the context of the barriers they have faced and the supports available to them. **All components are due no later than May 1, 2026 electronically to [bseewald@braintumour.ca](mailto:bseewald@braintumour.ca).**

### **Part 1: Student biographic information:**

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

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

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

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

**Part 2: Education, goals, and personal essay:**

**Achieved (current level) Education History:**

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

**Desired Future Education Path:**

College or university name	Name of Program	City/Province	Expected Dates to-from

NOTE: Please attach a copy of your acceptance letter (if available) or proof of enrollment in a post-secondary institution. **\*This is needed before the application can move forward and be considered for funding.**

**Personal Essay:**

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

- (500 words)** Outline your journey as a brain tumour survivor. *Please include details regarding your symptoms, diagnosis, treatment, impact on your life goals, and how it affected your future plans.*
- (500 words)** Outline the impact this award could have on your educational pursuits. *Please include why this educational path is meaningful to you and how it supports your long-term aspirations and goals.*

**NOTE: Failure to respect the word limit could disqualify your application.**

### Part 3: Motivation towards goals

Please answer the following questions (500 words total):

1. **(250 words)** Describe a challenge you’ve faced in your past education and how you worked through it to achieve your goal(s)?
  
2. **(250 words)** What is something that you are proud of in your learning journey?

### Part 4: Financial Information

Please list your general financial needs in the fields below OR attach an account summary from your educational institution (tuition and ancillary fees.) NOTE: Please do not submit any living cost or additional program expenses (books, meal plans, materials). Only fees paid directly to the institution will be considered for this award.

- Maximum award is \$5,000.00

NOTE: This section is for the total cost (up to \$5,000.00 for tuition and/or ancillary fees for the upcoming academic year, starting Fall of 2026). Examples are “Fall Tuition for 5 courses”; “Ancillary Fees (administrative fees, health services, or athletic fees)” NOTE: Please only list fees paid directly to the institution.

**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:** \$ \_\_\_\_\_

**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 (if known):

\_\_\_\_\_

\_\_\_\_\_

### **Part 5: Patient medical attestation**

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

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

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

\_\_\_\_\_

Long term disability (if applicable): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

### **Health Care Professional information**

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

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

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

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

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

I confirm that the above information is true and accurate and understand that providing false or misleading information may result in my application being rejected or any related decision being revoked.

## Part 6: External reference letter

Please have your reference email a PDF or MS Word (.doc or .docx) document speaking to your strengths, community involvement, how you (the applicant) has overcome adversity, and/or what makes you a qualified applicant for this award.

**NOTE:** Letters can come from teachers, professors, Teaching Assistants, Tutors, guidance counsellors, coaches, employers, volunteer supervisors, support workers, Elders, community leaders, or members of your place of worship.

Your reference should email the Reference letter (PDF, DOC, or DOCX formats) directly to Ben Seewald at [bseewald@braintumour.ca](mailto:bseewald@braintumour.ca), with “LAST NAME, Youth Education Award Reference” as the subject line.

### Application Checklist:

- Application form, completed and signed
- Email **ONE inclusive PDF**
- Patient medical attestation
- Letter of acceptance or proof of enrollment in a post-secondary institution
- Personal essay
- Motivation towards goals essay
- Letter of reference (**sent directly via email from referee**)

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.).

Note: Incomplete packages or packages not received by the due date, will NOT move forward to review committee.

**I confirm that the above information is true and accurate and understand that providing false or misleading information may result in my application being rejected or any related decision being revoked.**

Name of Applicant (printed)	Signature of Applicant	Date
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**\* If applicant is under 18 years of age:**

Name of parent/guardian (printed)	Signature of parent/guardian	Date
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