



SCHOLARSHIP APPLICATION

First Name: _____

Family Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ E-mail: _____

Type of Childhood Cancer: _____

Are you currently being treated for cancer? Yes ___ No ___

High School you will be graduating from:

College/University you hope to enter or in which you are currently enrolled: _____ City: _____

Program you will enroll in: _____ Year: _____

If you are currently accepted into the program, please include your acceptance letter with your application package.

How did you hear about the Scholarship Program:

Website _____ Support Group/Hospital _____ Newsletter _____

Other (please specify) _____