



Kids Cancer Care Foundation of Alberta Derek Wandzura Memorial Scholarship Application

Application deadline is March 31st of each calendar year

To be eligible for a KCCFA Derek Wandzura Memorial Scholarship applicants must:

- Be a childhood cancer patient or survivor (written verification from your doctor will be required to provide proof of diagnosis – see *application checklist* for details);
- Be enrolled in a post-secondary education institute (includes high school upgrading programs);
- Be a resident of Southern Alberta (Red Deer and South);
- Complete and submit the scholarship application form by March 31. Late and/or incomplete applications will not be accepted under any circumstance.

IDENTIFYING INFORMATION (Please print clearly in ink or type)

Last Name: _____ First: _____ Middle: _____
 Date of Birth [MM/DD/YYYY]: _____
 Mailing Address/ Street: _____
 City: _____ Province: _____ Postal Code: _____
 Home Telephone: () _____ Cell Number: () _____ E-mail: _____

CANCER HISTORY

I was diagnosed with _____ (type of childhood cancer) in _____ (year of diagnosis) in _____ (location of hospital). Please include a letter from a doctor in the pediatric oncology hospital where you were diagnosed; or, the hospital at which you are currently being treated; or the long-term follow up physician (may include your family doctor) that you are currently seeing. This letter must confirm the information in the cancer history you provide above.

I am financially independent and living away from home: Yes _____ No _____

[If no, please complete the following family information]:

Father or Guardian: _____	Mother or Guardian: _____
Full Name: _____	Full Name: _____
Address: _____	Address: _____
Address: _____	Address: _____
Postal Code: _____	Postal Code: _____
Occupation: _____	Occupation: _____
Home Telephone: () _____	Home Telephone: () _____

EDUCATION RECORD

Name of current or last education institution attended: _____
 School Mailing Address: _____ City: _____ Province: _____ Postal Code: _____
 School Contact Person: _____ Telephone: () _____ School Fax: () _____

FULL TIME EDUCATIONAL PROGRAM REGISTERED IN – *the post-secondary institution may be anywhere in the world, but applicants must be residents of Southern Alberta (Red Deer and South)*

University/College/ Trade School/ High School Upgrading	Locations	Program Name	Tuition Cost Per Year

ESSAY DOCUMENT

Each applicant must submit a typed essay providing comments and information on the following (no more than 750 words total):

- Tell us about yourself and your family;
- Tell us about your civic contributions, including areas such as community involvement, volunteering or giving back;
- Tell us about the post-secondary institution you are or plan to attend and the program you are or will be taking with the help of this scholarship bursary;
- Tell us a bit about your financial situation – are you financially dependent or independent;
- What are your long term education and career goals;
- Why would receiving this scholarship be important to you?;
- Tell us how being a cancer survivor has impacted your life.

Provide any additional relevant information you think we should know when assessing your application.

WAIVER

I _____ acknowledge and agree that the disclosure of the information provided for this application, including my personal medical information, financial information, essay, letters of reference and educational information is required for the assessment of my eligibility for this award, and I hereby grant such consent to KCCFA as may be required by applicable privacy laws to the disclosure of my personal information for the purposes of assessing my eligibility. All complete applications become the property of KCCFA.

KCCFA treats all of your personal information with respect and strictly adheres to the *Personal Information Protection Act*. We reserve the right to publish student essays and photos in full and in part in future publications and on the KCCFA website.

Date: _____

Name of Applicant _____ Name of Witness _____

Signature _____ Signature _____

YOUR APPLICATION MUST INCLUDE:

1. This application completed in its entirety;
2. Two personal reference letters;
3. Typed essay not to exceed 750 words;
4. Letter from an oncology physician or family doctor confirming the applicant is a survivor of childhood cancer;
5. Your most recent academic transcript. You may also include past transcripts if you desire. School contact person listed must be a teacher, guidance counsellor, principal, or dean of a university.
6. Proof of full time registration at an educational institute.

REMEMBER

1. Print in ink or type all information in the space provided.
2. Include a self-addressed, stamped envelope if you wish to receive an acknowledgment that KCCFA has received your application.
3. Forward your completed application postmarked no later than March 31st with attachments to:

**KCCFA – Derek Wandzura Memorial Scholarship Fund
Kids Cancer Care Foundation of Alberta
609 – 14 Street NW, Suite 302
Calgary, AB T2N 2A1**

KCCFA Derek Wandzura Memorial Scholarship bursaries of \$500 up to a maximum of \$2,000 will be awarded to selected qualifying students by way of a cheque made out to the educational institution by the start of the program year (or as required).

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