



2009 SCHOLARSHIP APPLICATION

First Name: _____

Family Name: _____

Address: _____

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

Phone Number: _____ Email address: _____

Type of childhood cancer: _____

Are you currently being treated for cancer? Yes No

Name of High School you will be graduating from: _____

Name of college / university you hope to enter or in which you are currently enrolled: _____ City: _____

Program you will enroll in: _____ Year: _____

Are you currently accepted into the program:

- Yes (Please attach letter of acceptance)
- No (Please forward letter of acceptance when available)

How did you hear about Scholarship Program:

- Website Support Group / Hospital
- Newsletter Other organization Other (please specify) _____

**NOTE: If your application is successful the Foundation will subsequently require your S.I.N# for tax purposes*

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