



THE BRITISH COLUMBIA NEUROFIBROMATOSIS FOUNDATION

2011 Education Award Program

Program Description

The BCNF is pleased to offer education awards to students in British Columbia living with neurofibromatosis, who currently attend or plan to attend, a post secondary institution of education or training. A minimum of two financial awards, valued at \$500 each, will be awarded annually. Funds may be use toward any post-secondary program and are applicable to the 2011-2012 academic year.

Submission deadline is May 31. Successful applicants will be notified by June 30, 2011.

Who is Eligible:

- Application for an award is open to British Columbians with neurofibromatosis who are Canadian citizens or have landed immigration status
- have applied to study, or are currently enrolled in a recognized educational program with the goal of increasing employability
- are at least 17 years of age by August 1st in the year of application
- current members of the BCNF

Part 1: General Information

Name: *(please print)* _____

Address: _____

Telephone: _____ Email: _____

Age: _____

Canadian Citizen

Landed Immigrant *(please include a copy of your immigration papers)*

Have you applied for one of the education awards in the past? _____ Y/N

How did you learn of the award program? _____

Section A

Please fill in this section if you are currently a high school senior with a completed application to a Canadian university , college or trade school.

Name of high school: _____

Address of high school: _____

Expected Graduation Date: _____

Post Secondary Institutions to which you have applied: _____

Section B

Fill in this section if you are currently an undergraduate attending a Canadian university, college, or trade school.

Name of post secondary institution: _____

Address of post secondary institution: _____

Expected Graduation Date: _____

Part 2: Essay

Please submit a short essay of no more than two pages on how NF has impacted your life and how your proposed courses will help you reach your career and life goals. Hand written essays will not be accepted.

Part 3: Resume

Please submit a resume detailing your education, work and volunteer experience , and other achievements or interests.

Part 4: Enclosures

Please complete this checklist and submit with application:

1. A copy of acceptance letter or confirmation of enrolment to school/program Enclosed _____
2. Written essay Enclosed _____
3. Resume Enclosed _____
4. Minimum of one reference letter of recommendation from a teacher, principal, or employer Enclosed _____
5. A letter from GP verifying the NF diagnosis Enclosed _____
6. If landed immigration status applies, please include a copy of your immigration papers Enclosed _____
7. Membership form and dues if not a current member Enclosed _____

Part 5: Waiver (Optional)

I hereby agree and declare to the BC Neurofibromatosis Foundation:

- That I hereby give the BC Neurofibromatosis Foundation permission to use, reproduce, copy, publish, or otherwise use my name, picture, likeness, and/or comments attributed to me, or any material based upon or derived there from this submission;
- That any comments attributed to me represent my own personal views;
- That I agree and understand that I do not and shall not have any right of approval of any element, any claim for additional compensation or benefit, nor any claim (including litigation, claims based on invasion of my privacy, right to my image, defamation, or right to publicity arising out of or related in any way to the use of the information contained in this submission.

Agreed to this _____ day of _____, 2011.

Signed: _____ Witness: _____

Parent of guardians must sign if applicant is under 18 years of age.

Applicants can be postmarked no later than May 31, 2011 to be eligible for the education awards for the 2011-2012 academic year. Successful applicants will be notified by June 30, 2011

Please return this application to:
BC Neurofibromatosis Foundation
Attn: Executive Director
PO Box 5339
Victoria, BC V8R 6S4

2011 MEMBERSHIP

The British Columbia Neurofibromatosis Foundation is committed to empowering and improving the lives of individuals and families affected by Neurofibromatosis. The BCNF provides information and support services, promotes awareness and funds research to improve treatment and find a cure.

I want to become a member

I am renewing my membership

Name: Dr. Mr. Mrs. Ms. Miss _____

Address _____

City _____ Prov _____ Postal Code _____

Telephone (daytime) _____ Telephone (evenings) _____

(This information is for our files and is confidential. We do NOT sell our membership list.)

Adult with NF1

Parent of a child with NF1

Friend of BCNF

Adult with NF2

Parent of a child/teen with NF2

Adult with Schwannomatosis

Parent of a child with Schwannomatosis

Year of Child's Birth ____

Receive event specific email notifications? Yes No

Receive e-newsletters?

Yes No

MEMBERSHIPS ARE VALID JANUARY 1 TO DECEMBER 31.

Individual Membership \$35.00 *(Memberships are not tax deductible.)*

Low Income/Student \$ 5.00

Additional Gift \$ _____ *(A tax receipt will be issued for this amount.) For **Monthly Giving** details, please see back.*

Total Enclosed \$ _____

Please do not list my name in BCNF recognition material.

Enclosed is my cheque or please charge my Visa Mastercard Amex

Name on Credit Card _____

Card Number _____ Expiry Date _____

Signature _____

