Children's Cancer & Blood Disorders

Norma Auger Education Fund

Guidelines for Application:
The goal of the C17 Norma Auger Education Fund is to support health professionals involved in pediatric Oncology/ Hematology/BMT across Canada advance their knowledge, skills and experience and to promote presentations and knowledge translation by these health professionals. This is an annual scholarship offered by the C17 Education Committee with funding from the Childhood Cancer Canada Foundation.

Eligibility: Non-MD Pediatric Oncology / Hematology / BMT health care professionals working in Canada.

Annual Application deadlines: May 1st, August 1st, November 1st, February 1st

Selection Process: Applications will be reviewed by the C17 Education Committee. Successful applicants will be notified in writing.

Criteria for Awarding Funds:

- Individuals applying must be involved in a C17 Oncology, Hematology or BMT program and are not a physician resident or university student (can be nursing, social work, child life, physiotherapy, occupational therapy, etc.).
- Individuals attending educational programs/conferences/seminars will be evaluated for funding if the education:
  - has direct applicability to pediatric oncology, hematology or BMT in Canada
  - is sponsored by a professional association or agency
  - has potential for dissemination to other people or C17 programs
- Priority weighting will be given to those applicants who:
  - have submitted an abstract and/or are presenting at the conference
  - are attending as a part of organizing or program planning committee
  - have not received this fund previously
- A maximum of $1000 Canadian will be awarded to each applicant.
- Applications for retroactive funding will not be considered.
- Disbursement of funds will adhere to C17 Travel Policy (version July 2026).
- Applicants can re-apply for funding each year, but priority will be given to those who have not received funding previously.

This grant is not retroactive. Typed and signed applications are due on or before the application deadline closest to the date prior to travel and should be sent by e-mail to:

	Name	Email
C17 Office - Executive Director	Kathy Brodeur-Robb	kathy.brodeur-robb@C17.ca
C17 Office - Finance & Administration	Ziya Skaper	ziya.skaper@C17.ca
C17 Education Committee Co-Chair	Stacy Chapman	schapman@cancercare.mb.ca
C17 Education Committee Co-Chair	Lisa Jacques	ljacques@cw.bc.ca

For additional information, please contact either Stacy Chapman or Lisa Jacques.

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Norma Auger Education Fund Application Form

Applicant Information:

Name:	First:	Last:
Number of years in Oncology / Hematology / BMT:		
Position:		
Phone Number:	Work:	Cell:
Email:		

Specifics - Please attach copy of Conference / Education information:

Conference Name:	
Destination:	
Conference Dates:	

Descriptions of Estimated Costs / Expenses:

Registration Fees:	$
Travel:	$
Accommodation:	$
Ground travel (i.e.: taxi, shuttle):	$
Meals (per diem of breakfast $10, Lunch $10, Dinner $30):	$
Other (Specify):	$
Total:	**$**

Describe the relevance of this educational opportunity for you, both in and outside of your institution, and for oncology/hematology/BMT in Canada (maximum 250 words:)
Knowledge Translation: How will you share the information presented or learned with colleagues in your institution and across Canada (maximum 250 words):

	Yes	No
Have you submitted or are you presenting an abstract / poster / oral presentation? **If yes,** please attach a copy, or submit a copy to the C[17] office and C[17] Education committee within one month of the conference/session. Title:	☐	☐
Have you applied for other funding for this educational opportunity? **If yes,** specify:	☐	☐
Have you received funding to attend any other educational opportunity in the past 12 months? **If yes,** specify:	☐	☐
Are there other sources of funding available to you from your program/institution/etc.? **If yes,** specify:	☐	☐
Have you previously received funding from the Norma Auger Education Fund?	☐	☐

Please give the name of one reference person, preferably your supervisor, to endorse your application:

Name:	Position:	Phone #:

Applicant Signature:		**Date:**
Supervisor Signature:		**Date:**

For Internal Use:	
Application Approved: Yes ☐ No ☐	
C17 Authorization Signature:	Date: