



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.

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

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 is 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 \$1000.00 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 January 2019)
- ❖ 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:

C¹⁷ office: Kathy Brodeur-Robb at kathy.brodeur-robb@c17.ca

C¹⁷ Education Committee Co-Chair Marta Wilejto at Marta.Wilejto@lhsc.on.ca

C¹⁷ Education Committee Co-Chair Lisa Jacques at ljacques@cw.bc.ca

For additional information, please contact either Marta Wilejto or Lisa Jacques.



Norma Auger Education Fund Application Form

Applicant Information: Name: _____ Number of years in oncology/hematology/BMT: _____ Position: _____ Phone number (W) _____ (H) _____ Email: _____	
Specifics: please attach copy of conference/education information. Conference Name: _____ Destination: _____ Conference Date: _____	
Descriptions of Estimated Costs/Expenses: Registration/fees: Travel: Accommodation: Ground travel (ie: 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 200 words): _____ 	

Have you submitted or are you presenting an abstract/poster/oral presentation?

No Yes If yes, please attach a copy, or submit a copy to the C¹⁷ office and C¹⁷ Education committee within 1 month of the conference/session.

Title: _____

Have you applied for other funding for this educational opportunity?

No Yes If yes, specify: _____



Have you received funding to attend any other educational opportunity in the past 12 months?

No Yes If yes, specify: _____

Are there other sources of funding available to you from your program/institution/etc.?

No Yes If yes, specify: _____

Have you received funding from the Norma Auger Education Fund previously?

No Yes

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

Name: _____ Position: _____ Phone: _____

Signature of Applicant: _____ Date: _____

Signature of Supervisor: _____ Date: _____

APPLICATION APPROVED: Yes No

C¹⁷ AUTHORIZATION SIGNATURE: _____

Date: _____