



HOPE Cancer Help Centre
 Saskatoon Community Service Village
 300-506-25th Street East
 Saskatoon, SK S7K 4A7

Phone: (306) 955-~~HOPE~~ (4673)

Fax: (306) 955-4678

Email: hopesaskatoon@sasktel.net

Website: hopecent.sasktelwebsite.net

**PERSONAL DEVELOPMENT
 BURSARY APPLICATION FORM**

The **HOPE** Cancer Help Centre is pleased to announce that, as of 01 April 2008, the new Personal Development Program was launched. This program was designed to help individuals attend cancer-related conferences, workshops, and presentations. A limited amount of funding is now available to assist with registration, travel, and accommodation expenses.

In order to be considered, please complete and submit this funding application form at least one month prior to conference, workshop, or presentation date and/or registration deadline. The **HOPE** Board of Directors meets on the fourth Monday of each month. All applications will be reviewed at that time. You will be advised of the Board's decision on the Tuesday immediately following the meeting. If you have any questions or concerns, please do not hesitate to contact **HOPE** at: 955-4673.

A – FUNDING REQUEST INFORMATION

Conference, Workshop, Presentation title:	
Date:	Location:
Type of funding requested - select from the following:	
Registration: <input type="checkbox"/> State amount: _____ Registration deadline: _____	Accommodation: <input type="checkbox"/> State amount: _____ <i>Cost per night:</i> _____ <i>Number of nights:</i> _____
Travel: <input type="checkbox"/> State amount: _____ _____ x \$0.40 per km	Other: <i>Please specify:</i>

B – PERSONAL INFORMATION

Last Name:		First Name:	
Organization/Affiliation: <i>(if applicable)</i>		Position:	
Address:		City:	
Province:		Postal Code:	
Primary Telephone:		Secondary Telephone:	
Email:		Fax:	

Please check the age category that applies to you (for statistical purposes only).		
<input type="checkbox"/> Up to 20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70	<input type="checkbox"/> 71-80 <input type="checkbox"/> 80 and up

C. CHECK ALL THAT APPLY TO YOUR SITUATION.

<input type="checkbox"/>	Survivor	Note:	
<input type="checkbox"/>	Spouse of survivor	Note:	
<input type="checkbox"/>	Family member of survivor	Note:	
<input type="checkbox"/>	Caregiver/support person	Note:	
<input type="checkbox"/>	<i>HOPE</i> Board of Directors member	Note:	
<input type="checkbox"/>	<i>HOPE</i> volunteer/member	Note:	
<input type="checkbox"/>	Cancer-related organization	Note:	
<input type="checkbox"/>	Health care professional	Note:	
<input type="checkbox"/>	Researcher	Note:	
<input type="checkbox"/>	Student	Institution:	Field of study:
<input type="checkbox"/>	Other	Note:	

List other conferences, workshops or presentations you have attended in the past 18 months.

D. OBJECTIVES FOR ATTENDING

What is your main reason for wanting to attend the conference, workshop or presentation? How will the information you receive benefit you, your organization or community? Please check as many boxes that apply and supply details in the space provided on the following page.

<input type="checkbox"/> Personal development	<input type="checkbox"/> Community	<input type="checkbox"/> Seek information/tools
<input type="checkbox"/> Networking	<input type="checkbox"/> Professional	<input type="checkbox"/> Share information/tools
<input type="checkbox"/> Involved in a project	<input type="checkbox"/> Want to start a project	<input type="checkbox"/> Other

