



Scholarship Application

Student's Personal Information

First Name:	Last Name:	Initials:	Gender:
Email Address:		Telephone:	
		Home:	
		Cell:	
Home (Permanent) Address:			Unit/Apt.:
City:	Province:	Postal Code:	
Date of Birth (Month/Day/Year):			

Student's School Information

Name of College or University:	Degree Program:	Year of Study (as of Sept. 2025):
		Student Number:

Cancer Treatment Story

Type of cancer (please be specific):	Age at diagnosis:	Are you currently receiving treatment?
Hospital of treatment:	Name of Oncologist:	
Name of Nurse:	Name of Social Worker:	

Applicants must also attach a letter, to support their application, from their oncologist, current doctor or a member of their oncology health care team (i.e. social worker, nurse, etc) confirming that applicant was treated, or is currently being treated, for cancer. Note: A letter is not required if you applied in a previous year.



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Information on Volunteer work, including why you chose this cause (if you have more than one position/organization of volunteer experience please append an additional page to your application form):	
Name of Organization:	Time Period of Volunteer work:
Description of Volunteer work:	
Future Goals for Volunteering:	
Reference:	
Name, Phone number, email:	
Personal Statement:	
<p>This is to be in the form of a letter. The letter should describe you (including your interests and activities), your personal triumphs and your future goals. Successful recipients will be those individuals who exemplify the traits, characteristics and educational and community accomplishments representative of the Foundation's namesake. Please append your letter to your application.</p>	



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I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of the award if the information is found to be inaccurate for any reason.

I hereby acknowledge that in furtherance of the application herein contained, I have been requested to provide certain personal information to the Emmy Duff Scholarship Foundation and that I may subsequently be requested to provide additional information. I further acknowledge that the Emmy Duff Scholarship Foundation may make enquiries in respect of the information contained in this application from the parties listed herein. I consent to the collection, use and disclosure of such personal information as may be required by the Emmy Duff Scholarship Foundation from time to time in the course of its business, including, without limitation, for purposes related to the decision to grant or deny a scholarship.

I hereby acknowledge that for purposes of the Foundation's website, its annual newsletter and other material provided to the Foundation's donors and potential donors, I consent to the use of certain personal information contained in this application.

Student-Name

Signature

Date