



# **PRIX JOCELYN-DEMERS**

## **REFERENCE AND MANAGEMENT GUIDE**

Please read this guide carefully before completing the application form. This guide explains the eligibility criteria and nomination procedure.

**Updated: April 2016**

## **PRIX JOCELYN-DEMERS**

### **HISTORY**

The Prix Jocelyn-Demers was established in 1999-2000 in memory of Dr. Jocelyn Demers, pediatric hematologist-oncologist and co-founder of Leucan in 1978. The award consists of a \$1,000 scholarship granted annually as part of Leucan's Annual General Meeting (AGM) to support a youth in his/her higher education.

### **MAIN GOAL**

This award aims to recognize a candidate who has persevered and surpass him/herself on the academic front. However, it must be noted that a student's academic record is not the leading criterion in awarding this scholarship.

### **ELIGIBILITY CRITERIA**

Candidate must:

- Be a Leucan child member and be diagnosed with a form of leukemia or pediatric cancer (diagnosis must be approved by Leucan)
- Never have been a recipient of the Prix Jocelyn-Demers
- Be enrolled in high school (level IV or V) or in a post-secondary<sup>1</sup> institution

### **NOMINATION PROCEDURE**

- Complete the application form (included in this guide)
- Submit an essay – maximum length: three (3) pages on 8½" x 11" paper, double-spaced in Arial 10 font
- The essay must focus on the strides the student has made on the academic front and underline all obstacles met and/or overcame pertaining to the treatments or sequelae
- The essay can be written in French or English
- The application must include a letter of support from a school worker (teacher, tutor, principal or other)
- Once completed, please submit application to the Family Services Directorate by e-mail at [laurence.courteau@leucan.qc.ca](mailto:laurence.courteau@leucan.qc.ca) or by regular mail at: 550, Beaumont Street, Office 300, Montreal, (Québec) H3N 1V1

### **CLOSING DATE FOR APPLICATIONS**

July 8, 2016

### **AWARDING**

The scholarship is awarded during Leucan's Annual General Meeting (AGM) held on October 1<sup>st</sup> 2016. Winner will be invited to the AGM to receive the prize.

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<sup>1</sup> Post-secondary education includes a college or university program or any program requiring a high school diploma.

## **APPLICATION EVALUATION PROCESS**

Applications will be evaluated by an Awarding Panel scheduled to meet in early August. The Family Services Directorate coordinates this scholarship process and will convene the Awarding Panel at the appropriate time.

## PRIX JOCELYN-DEMERS – APPLICATION FORM

| Identification                |      |  |           |
|-------------------------------|------|--|-----------|
| <b>Surname and First Name</b> |      | <b>Date of birth:</b><br><div style="border-bottom: 1px solid black; text-align: center; font-size: small;">DAY/MONTH/YEAR</div> |           |
| Age at time of diagnosis      |      |  |           |
| Contact Information           |      |  |           |
| Address                       |      | Appt.  | City/Town |
| Postal Code                   |      | E-mail   |           |
| Phone                         | Home | Cell   | Other     |

  

| Diagnosis                 |                   |
|---------------------------|-------------------|
| Diagnosis                 | Date of diagnosis |
| School grade at diagnosis |                   |

  

| PLEASE LIST THE TREATMENTS RECEIVED (TYPE AND DURATION), AS WELL AS YOUR AGE AT THE TIME OF TREATMENT |
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| <b>PLEASE SPECIFY IF YOU HAVE ANY PHYSICAL OR COGNITIVE SEQUELAE. IF ANY, WHEN DID THE SEQUELAE OCCUR AND ARE YOU STILL SUFFERING FROM THEM?</b> |
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| <b>EXPLAIN HOW THIS SCHOLARSHIP CAN MAKE A DIFFERENCE FOR YOU.</b> |
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|----------------------------|-------------|
| <b>Candidate signature</b> | <b>Date</b> |
|----------------------------|-------------|

**TO APPLY FOR THE SCHOLARSHIP:**

Please submit your completed application form and the attachments required (see page 2 for details):

By e-mail: [laurence.courteau@leucan.qc.ca](mailto:laurence.courteau@leucan.qc.ca)

OR

By regular mail:

550, avenue Beaumont, bureau 300  
Montréal, (Québec)  
H3N 1V1

**Please note that the closing date for applications is July 8 2016.**

The masculine gender is used without any intent to discriminate but solely to make the text easier to read



550, avenue Beaumont, bureau 300

Montréal, Québec H3N 1V1

Tél. : 514 731-3696

1 800 361-9643

Télec. : 514 731-3667

[info@leucan.qc.ca](mailto:info@leucan.qc.ca)