



# SASKATCHEWAN CANCER AGENCY BURSARY APPLICATION FORM (2024-25)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Educational Program: \_\_\_\_\_

Name of Educational Institute: \_\_\_\_\_

Program Start Date: (month): \_\_\_\_\_ (day): \_\_\_\_\_ (year): \_\_\_\_\_

Expected Date of Program Completion: (month): \_\_\_\_\_ (day): \_\_\_\_\_ (year): \_\_\_\_\_

Are you a resident of Saskatchewan with a valid Saskatchewan health card? Yes  No

Have you previously received financial assistance for education from the Saskatchewan Cancer Agency? Yes  No

Have you entered, or plan to enter, into any other financial arrangement with a return-in-service agreement? Yes  No

The Saskatchewan Cancer Agency is committed to building opportunities for Indigenous people to participate fully in health-related occupations. Responding to the question below is strictly voluntary.

Do you self-identify as Indigenous? Yes  No

If yes, which group? First Nations – Status  First Nations – Non-Status  Métis  Inuit

Your preferred location in which to complete your return-in-service: Regina  Saskatoon  Either Location

Applicants will be required to submit a satisfactory Criminal Record Check, including a Vulnerable Sector Check, before an offer of bursary is made. Successful recipients will be required to sign a Return-in-Service Agreement to provide one year of full-time (1,885 hours worked) service to the Saskatchewan Cancer Agency upon completion of the program.

Information provided on this application will be kept confidential and will be used to determine eligibility for the Saskatchewan Cancer Agency Bursary Program. For bursary recipients, Saskatchewan Cancer Agency officials may also use this information to maintain contact until the return-in-service commitment has been fulfilled.

I certify that all information I have provided in this application is complete and true to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit your complete application form, verification of enrolment letter from an educational institute, and resume with employment references no later than **4:30 p.m. February 16, 2025** to:

Attention Kelvin Pillipow – Human Resources  
Saskatchewan Cancer Agency  
200 – 4545 Parliament Avenue, Regina, SK S4W 0G3  
Email : [kelvin.pillipow@saskcancer.ca](mailto:kelvin.pillipow@saskcancer.ca)

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED