



IBD Foundation

### ***The IBD Foundation's Scholarship Program***

*The IBD Foundation's Scholarship Program supports students living with Inflammatory Bowel Disease (IBD - Crohn's and colitis) in reaching their academic goals, helping students to overcome some of the everyday challenges in meeting these goals. The IBD Foundation annually awards a \$6,000 scholarship to the successful applicant who best demonstrates his/her ability to live well with IBD, and who is an inspiration to others by their actions and attitudes in overcoming challenges to reach their personal and academic goals.*

*The IBD Foundation's scholarship is available to students living with IBD who are entering into a post-secondary educational institution in 2017. Please see the scholarship application for full eligibility details.*

### **SCHOLARSHIP APPLICATION**

1. DEADLINE -scholarship applications must be received by Friday, April 21, 2017.
2. Refer to criteria below for eligibility requirements. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, etc.) Incomplete applications will not be considered.
3. Type or print legibly. The application is available online at "[www.ibdfoundation.org](http://www.ibdfoundation.org)".
4. If you have any questions contact the Scholarship Committee at [info@ibdfoundation.org](mailto:info@ibdfoundation.org).

#### ***Scholarship Description:***

This is a Scholarship of \$6,000 paid out over 3 years at \$2,000 per year. The Scholarship can only be used for tuition and housing/residence. After the initial payment, yearly proof of successful completion of courses and continued enrollment will be required in order to receive the next \$2000 installment.

#### ***Eligibility Criteria:***

The applicant must be a legal and permanent resident of Canada. The applicant must be diagnosed with Crohn's Disease, or Ulcerative Colitis (Proof of diagnosis will be required), be a patient of the Children's Hospital of Eastern Ontario (CHEO) IBD Centre and have just graduated or be about to graduate into adult care.

Each applicant must be eligible to enter year one of a certificate, associate or undergraduate degree from a Canadian University, College or registered Trade School (minimum 3 year program).

Employees or immediate family members of the *IBD Foundation* Board of Directors are not eligible.



***Selection process:***

This is a Competitive Bursary which means it is a competition between applicants. The Recipient is chosen at the sole discretion of the IBD Foundation Board of Directors. The selection will be made by the IBD Foundation Board of Directors from a short list compiled by an appointed Sub-Committee of the IBD Foundation Board of Directors with consultation from other parties as deemed necessary.

***Application process:***

Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly).
2. Proof of Diagnosis
3. One page essay
4. Two letters of recommendation from teacher, guidance counselor, coach, employer or physician.

***DEADLINE:*** Applications must be received by Friday, April 21th, 2017

**PLEASE MAIL OR EMAIL APPLICATION TO:**

**IBD Foundation  
1 Hines Road  
Suite 200  
Kanata, Ontario  
K2K 3C7**

**Attention: Scholarship Committee**

**OR**

**Email: [info@ibdfoundation.org](mailto:info@ibdfoundation.org)**

**Attention Scholarship Committee**

***ANNOUNCEMENT OF SCHOLARSHIP RECIPIENT WILL BE MADE AT THE ANNUAL YOUTH GUT TOGETHER EACH YEAR IN MAY***



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**THE IBD Foundation SCHOLARSHIP APPLICATION**

<b>A) PERSONAL INFORMATION:</b>	
First Name:	Last Name:
Mailing Address (Street, City, Province and Postal Code):	
Home Telephone #:	Alternative Telephone #:
Birth date (Month/Day/Year): Month:    Day: Year:	Please circle one:    Male        Female
Email Address:	

<b>B) ACADEMIC INFORMATION (to be completed by school official):</b>	
Name of High School:	Overall academic average:
Address (Street, City, Province and Postal Code):	
School officials signature: _____	
Title:	Date: ____/____/____

Please provide an official academic transcript which may be mailed separately and must be post marked by application deadline date.

**C) TO BE COMPLETED BY HEALTH CARE PROFESSIONAL WHO CAN CONFIRM IBD DIAGNOSIS:**

Name of Physician: \_\_\_\_\_

Office Address (Street, City, Province and Postal Code): \_\_\_\_\_

Signature: \_\_\_\_\_ Credentials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ESSAY**

Please submit a (1) page essay outlining how you have been able to achieve academic success and an optimal level of wellness all while dealing with IBD. You may want to incorporate the challenges you have been able to overcome, your long term academic goals, how you sustain an optimal level of wellness, how you inspire others through community/school involvement and how you would benefit from the scholarship. Please print in a 12 point font.

**LIST OF POST-SECONDARY SCHOOLS AND PROGRAMS YOU HAVE APPLIED FOR (please include name of school, program(s) applying for and whether or not you have received an acceptance):**

**SPECIAL ACHIEVEMENTS:**

**ALL SCHOLARSHIPS/GRANTS APPLIED FOR OR RECEIVED:**

Title: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received: \_\_\_\_\_  
 Title: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received: \_\_\_\_\_



## APPLICANT CONSENT

By signing below, the applicant if selected to receive the scholarship, authorizes the IBD Foundation, CHEO and its affiliates to publish, copyright and use the information contained in this application along with a current personal photo of the applicant in advertising and other promotional materials without prior approval, including display on the Internet. The applicant also authorizes the IBD Foundation to contact him/her directly. The IBD Foundation is authorized to share the applicant's information and individual story with mass consumer media. In addition, the recipient may be called upon to share their story with the mass consumer media (print, radio or television) either by phone or in person to help inspire others.

Participation in the matters outlined in the paragraph above is a condition of receipt of the scholarship. Should the applicant be unwilling or unable to comply with the requirements of this paragraph, an alternate scholarship recipient may be selected.

The selection of recipients will be at the sole discretion of the IBD Foundation. Applications will be assessed based on the application, two (2) letters of personal recommendation and a one (1) page essay. Scholarship recipients will be announced at the Annual Youth Gut Together held each year in May. **After a winner's educational enrolment has been verified for the fall semester, the scholarship will be made payable directly to the educational institution.**

By signing below, the applicant authorizes the school to share information with the IBD Foundation, and its affiliates regarding the number of classes left to complete his/her degree, the cost per class and outstanding student accounts.

**APPLICATIONS MUST BE RECEIVED BY APRIL 21, 2017**

By signing below, I attest that I have read, understand and agree with the application criteria and that the information that I have provided above is both accurate and true and I agree to abide with the terms of the scholarship contained in the application form. Unsigned applications will not be considered.

**TO BE SIGNED BY PARENT/GUARDIAN IF APPLICANT IS LESS THAN 18 YEARS OF AGE**

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicant is under the age of 18)