



## The Kidney Foundation of Canada Atlantic Canada Branch Bursary Application

**The Program:** The general purpose of the program is to assist kidney patients and their family members to further their education and/or training.

- The total funds available are \$2,500 annually. Five (5) awards of Five Hundred Dollars (\$500) each may be awarded each year.
- A bursary may be awarded to an individual a maximum of two (2) times.
- No application may be made by a member of The Kidney Foundation of Canada staff or board, or the relative of such members.

**The Criteria:** The bursaries will be awarded according to the criteria established and approved by the Atlantic Canada Branch.

- Selection of bursary recipients will be on the basis of their academic achievement, leadership, financial need and professional goals.
- Any kidney patient, the spouse of a kidney patient, or a dependent child of a kidney patient, may apply for a bursary. A kidney patient is defined as one on any mode of dialysis, is transplanted or has been diagnosed with chronic renal disease.
- The applicant must be a resident of New Brunswick, Nova Scotia, Newfoundland and Labrador or Prince Edward Island.
- All post-secondary programs must be approved and recognized by accredited institutions in Atlantic Canada.
- The selection committee will choose the recipients based on the applications submitted by June 15th and according to the approved criteria.

### Application Procedures

- Applications must be completed and emailed to [kidneyatlantic@kidney.ca](mailto:kidneyatlantic@kidney.ca) **on or before June 15th** of the year in which the bursary is to be awarded.
- Bursary funds will only be issued when a copy of tuition payment is received by The Kidney Foundation Atlantic branch office.
- The applicant must agree to his/her name being used in any media form.

### Payment:

- Cheques will be made out directly to post-secondary institutions in the name of the recipient. Payment of the bursary will be discussed further upon notification of acceptance.
- If for any reason the bursary recipient does not attend the indicated post-secondary institution or other institution, all bursary monies must be returned to the Kidney Foundation of Canada.

**Privacy Statement:** The Kidney Foundation of Canada collects personal information in a manner that recognizes both the right of an individual to have his or her personal information protected, and the need of the Foundation to collect, use or disclose personal information for purposes that are reasonable in fulfilling the Foundation's mandate and mission. The Foundation uses personal information to record information from students that is needed to process applications and award bursaries. We do not release information to other fundraising organizations or to commercial enterprises.



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**PERSONAL INFORMATION**

Full Name: Phone: Complete Mailing Address:

Email Address:

\*Who has kidney disease?

Self

Other. Please specify:

Name:

Relationship:

Nature of kidney disease – specify one

Dialysis Patient

Transplant recipient

Chronic Kidney Disease

Marital Status :

*If you are under the guardianship of your parents, please fill out the following:*

Mother's Name:

Mother's Profession:

Mother's Employment Status:

Father's Name:

Father's Profession:

Father's Employment Status:

How many dependents in family:

How many dependents still in school:

**EDUCATION INFORMATION**

Last educational institution attended? (High School, University or Other Post-Secondary):

Name of two references (*please attach reference letters from either teachers or principal and transcript of marks*):

Name of educational institution you are planning to attend or are attending:

Length of time needed to complete diploma/degree:



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**LEADERSHIP INFORMATION**

Have you held an office or organized an event?

Have you received a leadership award?

Have you participated in any of the following:

- Academic Group Activities
- Community Group Activities
- Work Group Activities
- Sports

**Describe your involvement in the above:**

**FINANCIAL INFORMATION**

**Income**

Current occupation:

Employer:

Employment status (full-time, part time, casual):

Annual income or hourly rate:                      Hours worked weekly:

Total Annual Income:

**Expenses**

Program of study:

Tuition:                      Supplies:                      Lodging:                      Other:

**Total Income:**                      **Total Expenses:**                      *Difference:*

**PROFESSIONAL GOALS AND ADDITIONAL INFORMATION**

*Please write and attach a 200 word essay describing your future academic goals. This essay is your opportunity to present a persuasive case in support of your application.*

Applicant's Signature:

*Checklist:*

- 1. Bursary application form*
- 2. Two letters of reference*
- 3. Transcript*
- 4. Future goal essay*

**Thank you for your interest in The Kidney Foundation of Canada Atlantic Branch bursary program.**

**GOOD LUCK to all applicants!**