



Lupus Canada

**2014 LUPUS CANADA SCHOLARSHIP  
Application Form**

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**Section 1: Student Information**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Home address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Please check one: Male  Female

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Section 2: Academics (To be completed by the student)**

Name of Canadian-based educational institution: \_\_\_\_\_

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

What type of degree are you pursuing?  Undergraduate  Graduate  
 Certificate  Diploma

Area of study: \_\_\_\_\_

What year of your degree will you be in the fall semester of 2014? \_\_\_\_\_

**Honors and Achievements**

List any scholarships and/or bursaries you will be receiving for the 2014 academic year:

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### Section 3: Health

To be completed by a physician who can confirm the Lupus diagnosis or alternatively physician may attach own letter of proof of diagnosis.

I certify that this applicant has been diagnosed with Lupus and is under my medical care.

Name \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Credentials \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

### Section 4: Attachments

These documents must be included to complete the application form:

- Official academic transcript from your most recent year of education;
- 500 word essay on how Lupus has affected your student life and how you will benefit from this scholarship;
- One (1) letter of recommendation from a teacher, school official, professional colleague or employer; and
- Proof of diagnosis by physician (attach letter or sign this form)

### How did you learn about the 2014 Lupus Canada scholarship?

Doctor's office

Studentawards/Scholarship Canada websites

Other (please specify) \_\_\_\_\_

Lupus Canada website

Other (please specify) \_\_\_\_\_

**Help us promote our new scholarship to other students like you. Share this information with your friends and family.**

**Documents provided by the Student Agreement**

By signing below, the applicant authorizes Lupus Canada and all their affiliates, if awarded the 2014 Lupus Canada Scholarship, to publish, copyright, and use the information contained in this application in advertising and other promotional materials without prior approval, including display on the internet. Lupus Canada is authorized to share the applicant's information and individual story with the mass consumer media. The applicant authorizes Lupus Canada to contact him/her directly and to enter the applicant's contact information into the Lupus Canada database for future communications from Lupus Canada.

The selection of recipients will be at the discretion of the Lupus Canada Scholarship selection committee members chosen by Lupus Canada. Recipients will be notified during the month of August 2014 via a confirmation letter. After a recipient's educational enrollment has been verified for the fall 2014 semester, the scholarship will be made payable to and mailed to the educational institution.

Individual scholarship amounts will be in the amount of \$2,000 CAN to cover the recipient's tuition and/or educational materials and expenses and will be made payable directly to the educational institution.

By signing, the applicant authorizes the school to share information with Lupus Canada and its affiliates regarding the number of classes left to complete his/her degree and the cost per class and other information necessary to process the scholarship.

To be signed if applicant is 18 years of age or older:

Please enter my application in the 2014 Lupus Canada Scholarship Program. I confirm that I am 18 years of age or older and that I meet the eligibility requirements.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

To be signed by Parent/Guardian if applicant is less than 18 years of age:

I acknowledge that I am the parent or legal guardian of the applicant and understand the conditions under which he/she is entering his/her application in the 2014 Lupus Canada Scholarship.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Please submit the completed application form and supporting documents by mail or email (with scanned signatures) to:

2014 Lupus Canada Scholarship  
3555 14<sup>th</sup> Avenue, Unit#14  
Markham, ON L3R 0H5

Email: [info@lupuscanada.org](mailto:info@lupuscanada.org)

Completed application form and supporting documents must be postmarked or emailed no later than May 30, 2014. Any late or incomplete applications will not be accepted. Information and application form are available at [www.lupuscanada.org](http://www.lupuscanada.org)

**Good Luck!**