



**LUPUS CANADA WILLIAM BIRCHALL FOUNDATION 2024 SCHOLARSHIP
Application Form**

Section 1: Student Information

Name _____ Student ID # _____

Home address (No P.O. Boxes) _____

City _____ Province _____ Postal Code _____

Date of Birth (MM/DD/YY) ____/____/____

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 Certificate Diploma

Area of study: _____

*note that scholarships to those enrolled in graduate programs are not available

What year of your degree will you be in the fall semester of 2024? _____

Honors and Achievements

List any scholarships and/or bursaries you will be receiving for the 2024 academic year:

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 Lupus Canada William Birchall Foundation 2024 Scholarship?

- Doctor's office
- Studentawards/Scholarship Canada websites
 - Other (please specify) _____
- Lupus Canada website
- Other (please specify) _____

Help us promote our 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 Lupus Canada William Birchall Foundation 2024 Scholarship, to publish, copyright, and use the information contained in this application, in advertising and other promotional materials, without prior approval, including 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 William Birchall Foundation 2024 Scholarship selection committee members chosen by Lupus Canada. Recipients will be notified during the month of July 2024 via a confirmation letter. Individual scholarship amounts will be in the amount of \$2,500 CAD to cover the recipient’s tuition and/or educational materials and expenses and will be made payable directly to the educational institution. After a recipient’s educational enrollment has been verified for the fall 2024 semester, the scholarship will be made payable to, and mailed to, the educational institution.

By signing below, the applicant authorizes his/her educational institution, to share with Lupus Canada all information regarding the number of classes left to complete his/her degree, the cost per class and any 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 Lupus Canada William Birchall Foundation 2024 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 Lupus Canada William Birchall Foundation 2024 Scholarship.

Parent/Guardian Signature _____ Date ____/____/____

Email _____

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

Lupus Canada William Birchall Foundation 2024 Scholarship
PO Box 8 LCD 1
Newmarket, ON L3Y 4W3
Email: info@lupuscanada.org

Completed application form and supporting documents must be postmarked or emailed no later than May 31, 2024. Any late or incomplete applications will not be accepted. Information and application forms are available at www.lupuscanada.org

Good Luck!