



PO Box 8, LCD 1, Newmarket, ON L3Y 4W3  
Canada Toll Free 1-800-661-1468 ☐ 905 235-1714  
[info@lupuscanada.org](mailto:info@lupuscanada.org) [www.lupuscanada.org](http://www.lupuscanada.org)

## Lupus Canada William Birchall Foundation 2026 Scholarship Application Form

**Application Deadline:** May 29, 2026  
**Scholarship Value:** \$2,500 CDN  
**Number of Awards:** 10

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### 1. Applicant Information

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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

### 2. Academic Information

Current Institution: \_\_\_\_\_

Intended Program of Study: \_\_\_\_\_

Year of Study: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Current GPA (or equivalent): \_\_\_\_\_

Enrollment Status:  Full-time  Part-time

### 3. Eligibility Confirmation

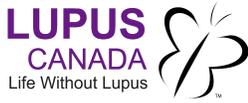
Please check all that apply:

- I confirm that I meet the eligibility criteria for this scholarship.
- I am a Canadian citizen or permanent resident (if applicable).
- I understand that proof of eligibility may be requested.

### 4. Personal Statement

Please answer the following questions.

Maximum 300 words per section.



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### **Educational and Career Goals**

Describe your educational objectives and the career path you hope to pursue.

### **Impact of Lupus on Student Life**

Explain how living with lupus has affected your day-to-day experiences as a student and the challenges you have faced.

### **Scholarship Benefit**

Describe how receiving this scholarship will support your academic success and personal development.

### **Lived Experience and Advocacy**

Share how your personal experience with lupus has shaped your perspective and how you plan to use your voice and skills to advocate for lupus and raise awareness in your community and beyond.

### **6. Extracurricular Activities and Community Involvement**

Please list relevant volunteer activities, leadership roles, advocacy work, or community involvement.

### **7. Health Background**

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 \_\_\_\_\_

### **8. Supporting Documentation**

Please include the following with your application:

- Academic transcript
- Proof of enrollment
- Letter(s) of reference from teacher, school official, professional colleague, or employer.

### **9. Declaration and Consent**



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- I certify that the information provided in this application is accurate and complete.
- I consent to the collection and use of my information for the purpose of administering this scholarship.
- I understand that recipients of this scholarship will serve as Lupus Ambassadors and will be asked to provide a brief testimonial, headshot, and participate in communications related to the scholarship.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submission Instructions**

Please submit your completed application and supporting documents by May 29, 2026 to:  
[info@lupuscanada.org](mailto:info@lupuscanada.org).