The Kidney Foundation of Canada –
Eastern Ontario Chapter

College & University Financial Assistance

Bursary Application Package

For Kidney Patients and Their Families

The Kidney Foundation of Canada – Eastern Ontario Chapter is Ottawa based and supports chronic kidney disease (CKD) pre-dialysis, dialysis and kidney transplant patients and their families through a variety of programs, including financial assistance for those that wish to attend college or university. Bursaries are disbursed to people in financial need. The Chapter offers the following bursaries.

THE DAVID TAYLOR MEMORIAL BURSARY

This bursary was established in memory of David Taylor, a dialysis and transplant patient, who passed away in October 2002 at the age of 31. Despite the challenges that his illness presented, David's desire for higher education enabled him to pursue a university education and follow a career in the high tech sector. Through a path of continuous learning, David enjoyed many interests and hobbies. David's family has established this bursary to honour his life and to provide recognition and some financial assistance to a kidney patient or transplant recipient in the pursuit of post-secondary education.

THE LUZ MUECA BURSARY

This bursary was established in 2002 in honour of the late Luz Mueca and by her colleagues and family. It was created in her memory to pay tribute to her dedication and commitment to the Kidney Foundation of Canada. Ms. Mueca worked as a nurse in the Nephrology Clinic and Dialysis Unit at the Ottawa Hospital – Civic Campus for many years. This bursary is awarded to patients with kidney disease and their children or spouses pursuing post-secondary education.

THE MARIO FRANGIONE BURSARY

This bursary was established in 2019 to honour Mario Frangione for his current and past dedication and commitment to La Serata Italiana Gala, an event with proceeds dedicated to The Kidney Foundation and The Kidney Research Centre. Mr. Frangione is an active integral part of the Serata Italiana committee and has helped raise over $1.5 million over the past 35 years. Mario is looking forward to retiring from his family business, Preston Hardware. Mario's generosity doesn't stop at La Serata Italiana, The Kidney Foundation and Kidney Research Centre; his generosity is well recognized with many other charities in the Italian Community. This bursary will be awarded to patients with kidney disease and their children or spouses pursuing post-secondary education.

The Bursary Program

1. The purpose of this program is to provide recognition and limited assistance to kidney patients or transplant recipients who wish to further their education and/or training.

2. Total funds available are up to **$1,500 for each bursary** at the committee's discretion. The Bursary Selection Committee may choose the number of recipients and dollar value of individual awards.

The Criteria

1. David Taylor Memorial Bursary – any kidney patients or transplant recipients may apply

2. Luz Mueca Bursary & Mario Frangione Bursary – any kidney patients or their immediate family members (dependent children or spouse) may apply

3. The individual must reside within the Chapter's Eastern Ontario catchment area

4. Applicants must be pursuing full-time or part-time studies in a post-secondary program

All information on application is used in decision-making. Be sure to fill out the form completely.

5. All programs must be approved and recognized as accredited institutions, however, the institution does not have to be located in Ontario.

6. Applicants may re-apply in a subsequent year for a bursary. An individual may receive a bursary award for a maximum of four years.

7. A bursary will not be awarded to any applicant where the applicant or a family member has an unpaid loan outstanding from The Kidney Foundation.

Application Procedures

1. Deadline for applications is the last business day in July of any given year. Final decisions will be made by mid-August and applicants will be notified by email or telephone.

2. **Applicants must complete all aspects of the application and forward supporting documentation**.

   (a) Applicants must provide the following two statements:
   - (i) As included in the application package, a nephrologist's statement. For a patient, the statement must be from the patient's nephrologist. For a family member, the statement must be from the affected family member's nephrologist and must confirm their relationship with the patient.
   - (ii) A letter from a social worker (no template is included in this package), either the patient's or the patient's family member, to validate financial need.

   (b) All applicants who are just completing high school will provide a copy of their high school transcript.

   (c) Applicants with previous post-secondary education will provide an official transcript as proof of marks from the last post-secondary institution attended.

3. Monies will not be issued until the successful applicant provides a receipt of tuition payment from the educational institution he/she is attending

4. Successful applicants must submit their school transcripts for which the bursary was awarded to demonstrate successful completion of the school year; *the bursary will have to be re-paid if the student does not complete the school year.*

5. Please submit your completed forms typewritten or handwritten with black ink. This helps produce clearer photocopies for the Selection Committee.

Selection Committee

1. A person or family member applying for the bursary are found to be in conflict of interest position and therefore ineligible to serve on the committee that year.

2. The committee is composed of community and Kidney Foundation representatives who are aware of the challenges of living with kidney disease, and/or who have experience in the educational system.

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APPLICANT BACKGROUND & EDUCATIONAL INFORMATION

This application is for (please check all that apply):

☐ **David Taylor Memorial Bursary**
☐ **Luz Mueca Memorial Bursary**
☐ **Mario Frangione Bursary**

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ E-Mail: _____

Age: _____ Marital Status: _____ Number of Dependents: _____

Citizenship: ☐ Canadian ☐ Landed Immigrant Other

I am a: ☐ Renal patient
☐ Renal patient's family member

Relationship to renal patient: _____

Name of renal patient: _____

City & Province where patient resides (if different than yours): _____

Nephrologist: _____

Hospital: _____ City: _____

CURRENT OR PLANNED EDUCATIONAL PROGRAM

Name of institution: _____

Location: _____

Name of program: _____

Level of study: ☐ Diploma ☐ Certificate ☐ Bachelor's ☐ Master's ☐ Doctorate

Duration: ☐ Full-time ☐ Part-time Length of Program: _____

Number of years remaining to complete program: _____

FINANCIAL SUPPORT INFORMATION

Current occupation (including summer/contract/temporary positions):

_____

Employer: _____ City: _____

Income: $_____ □ Yearly □ Monthly

□ Full time □ Part time □ Summer □ Other _____

Previous occupation: _____

Employer: _____ City: _____

Income: $ _____ □ Yearly □ Monthly Year you left: _____

Is financial support available from parents or other family members? ☐ Yes ☐ No

If parents or family members are assisting with tuition, please provide information below:

Mother's income: $ _____ ☐ Yearly ☐ Monthly Source: Work/Disability

Father's income: $ _____ ☐ Yearly ☐ Monthly Source: Work/Disability

Spouse's income, if applicable: $ _____ ☐ Yearly ☐ Monthly Source: Work/Disability

How many children living at home? _____

Other sources of income for applicant: $_____ ☐ Yearly ☐ Monthly
(e.g. scholarships, work, co-op placement, social assistance)

Are you applying for O.S.A.P. this year? _____

If no, why not? _____

If known, indicate what you will receive from O.S.A.P. $_____

Did you receive O.S.A.P. last year? _____ How much? $ _____

Estimated Cost of Schooling:

Expense Type:	Amount ($)
Tuition	
Books & Supplies	
Rent	
Food	
Transportation	
Misc	

Where will you live during the school year? ☐ With parents ☐ Residence/apartment ☐ Other

APPLICANT'S STATEMENT

Applicant's name: _____

Please detail below: why you have chosen a particular education path, what do you hope to do upon graduation of the program, why you have chosen to apply for a Kidney Foundation bursary, and any other pertinent information. Please type or write in black ink. Attach a second page if you run out of space.

All information on application is used in decision-making. Be sure to fill out the form completely.

SOCIAL WORKER'S STATEMENT

Please return to: *suzanne.laniel@kidney.ca*

Applicant's name: _____

Please detail below: Validate financial need. Please type or write in black ink.

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NEPHROLOGIST'S STATEMENT

Please return to: *suzanne.laniel@kidney.ca*

Applicant's name: _____

☐ Patient OR ☐ Patient's family member

A. If a patient, how long have you known him/her? _____

Is the patient's current medical condition stable? _____

Do you have any other relevant comments about this applicant's situation?

_____

_____

_____

B. If a patient's family member, who is the patient? _____

Is the patient's current medical condition stable? _____

Do you have any other relevant comments about this patient's situation?

_____

_____

_____

Name: _____ **Signature:** _____

Tel. No.: _____ **City:** _____

PLEASE EMAIL THIS DOCUMENT to: ***suzanne****.laniel@kidney.ca*

OR

The applicant will return this statement with their completed application.

All information on application is used in decision-making. Be sure to fill out the form completely.

DECLARATION AND GENERAL CONSENT

I understand that in making an application for funding to The Kidney Foundation of Canada for a post-secondary educational bursary, I am required to furnish certain information to the Foundation, including:

- Name, address, telephone number and E-Mail address
- Age, marital status, dependents and citizenship
- Patient status, treatment , hospital and nephrologist details
- Education history and education program chosen
- Occupation, employment status and income (applicant & spouse)
- Parental support, scholarships and other sources of income

I understand and agree that although this information will be kept strictly confidential and secure, it will be used to determine my eligibility for such funding. During the course of assessing my eligibility, this information will be reviewed, and in some cases shared, with individuals who are designated by the Foundation to act in an adjudicator capacity. I further understand and agree that the Foundation may use such information, presented in an aggregate format, for the purposes of demonstrating financial accountability and conducting an analysis of the bursary program.

In the event that I am awarded a bursary, I confer to The Foundation the right to publish my name and affiliation, the amount of the bursary award, the subject to be studied, the educational institution at which I will study and my photograph.

I hereby affirm that all the information contained in the Application is true to the best of my knowledge. I agree that if awarded an education bursary, I will provide The Kidney Foundation of Canada with verification of my acceptance at the educational institution I have chosen (copy of tuition receipt). Payment of the bursary will be conditional upon such acceptance and proof of tuition payment.

Applicant's Name: _____

Applicant's Signature: _____

Parent's Signature: _____

(if applicant is under 18 years old, or parent is a kidney patient)

Date: _____

From time to time, we may use your contact information to keep you informed of other activities, events and/or fundraising opportunities in support of the Foundation. If you do not wish to appear on our contact list, kindly check this box. ☐

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APPLICANT'S CHECK LIST

Applicant's name: _____

☐ Patient OR ☐ Patient's family member

Please review this checklist carefully.

Did you include in your application package:

1. Applicant Background & Educational Information
2. Financial Support Information
3. Applicant's Statement
4. Nephrologist's Statement
5. Social Worker's Statement
6. High school transcripts (if applicable)
7. University transcripts (if applicable)
8. Declaration and General Consent Form

If no to any of the above, please explain why:

_____

_____

Please mail your application to:

The Kidney Foundation of Canada
1701 Woodward Dr., Suite LL18
Ottawa, ON
K2C 0R4
ATTN: Bursary Selection Committee

OR send a PDF by e-mail to: suzanne.laniel@kidney.ca

APPLICATIONS MUST BE RECEIVED BY July 31st. NEPHROLOGIST'S STATEMENT CAN BE MAILED OR EMAILED IN SEPARATELY BY THE PERSON COMPLETING THE FORM. THE APPLICANT SHOULD CALL OUR OFFICE (613-724-9953 ext 4552) TO MAKE SURE THE REFERENCES HAVE ARRIVED ON TIME, OR E-MAIL US AT suzanne.laniel@kidney.ca

IF YOU HAVE ANY QUESTIONS AT ALL REGARDING YOUR APPLICATION PLEASE CONTACT

Suzanne Laniel, suzanne.laniel@kidney.ca **OR PHONE AT 1-800-724-9953 ext. 4552.**

All information on application is used in decision-making. Be sure to fill out the form completely.