

UCBeyond Crohn's Disease Scholarship Program Application

Purpose and Award

UCB Canada, a division of UCB Inc., is dedicated to creating unique programs and tools to aid Crohn's disease (CD) patients in reaching above and beyond the boundaries of their disease and fulfilling their educational ambitions. This award is a one-time scholarship of up to \$5,000.00 CAN. In 2010, eight (8) scholarships will be awarded to individuals diagnosed with CD. The UCBeyond Scholarship Program, now in its fourth year, has allocated almost 70 scholarships to Canadian students suffering from diseases such as Crohn's disease, rheumatoid arthritis and epilepsy.

Eligibility Requirements

This program is designed for applicants of any age. Applicants must be:

- A legal and permanent resident of Canada
- Diagnosed with CD by a physician
- Seeking an associate's, undergraduate, or graduate degree from a Canadian university; a diploma or certificate from a Canadian college; or enrolled in a trade school educational program
- A student who demonstrates academic ambition and embraces a way of life that goes above and beyond the boundaries of living with CD
- Enrolled in or awaiting acceptance from a Canadian-based institution of higher education for the fall semester of 2010

The selection of recipients and determination of the scholarship amount

Employees of UCB Canada and their immediate family members are not eligible for this scholarship. Selection of recipients will be at the sole discretion of an independent selection committee, comprised of medical professionals and patient representatives. Winners will be notified during the month of August, 2010 via a personal telephone call and a confirmation letter. After a winner's educational enrollment has been verified for the fall 2010 semester, the scholarship cheque will be made payable to and directly mailed to the educational institution. Individual scholarship amounts will be awarded up to \$5,000.00 CAN to cover the recipient's tuition and/or educational materials expenses (if a student does not have a minimum of \$5,000.00 in tuition and educational materials costs, the scholarship amount will only cover the actual cost of tuition and/or educational material expenses).

Procedures

To apply, submit the following and postmark by **June 30, 2010**.

Please note that sections of the application will need to be completed by the student, a school official or professional colleague, and a health care professional. Selection will be based on the following criteria, which must be included:

- A one-page essay about how you are living above and beyond the boundaries of CD to demonstrate academic ambition and personal achievement, and how you would benefit from the scholarship. Past recipient essays have included a desire for academic achievement, perseverance in the face of CD and details of school and community involvement
- Two (2) one-page letters of recommendation from a teacher, school official, professional colleague, employer or friend describing your unique qualities and how you embrace a way of life that overcomes the boundaries of living with CD
- An official academic transcript from your most recent year of education
- Confirmation of diagnosis from your treating physician

Student Information (please print)

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 _____

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

Please enter my application in the 2010 UCBeyond Crohn's Disease Scholarship Program. I confirm that I am 18 years of age or older and that I meet the eligibility requirements. I certify that I am not a UCB Canada employee or an immediate family member of a UCB Canada employee.

Signature _____ Date ____/____/____

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

Parent/Guardian Permission: I acknowledge that I am the parent or legal guardian of the applicant and, in that capacity, understand the conditions under which he/she is entering his/her application in the 2010 UCBeyond Crohn's Disease Scholarship Program.

Parent/Guardian Signature _____ Date ____/____/____

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Section I: Academics (To be completed by the student)

Name of post-secondary educational institution: _____

What type of degree are you pursuing? Associate's Undergraduate Graduate Certificate

What year of your degree will you be in the fall semester of 2010? _____

School Address: _____

City _____ Prov. _____ Postal Code _____

Your Address at School: _____

City _____ Prov. _____ Postal Code _____

Honours and Achievements:

All Scholarships / Grants Applied for or Received:

Title Amount _____ Date ____/____/____ Received _____

Title Amount _____ Date ____/____/____ Received _____

Title Amount _____ Date ____/____/____ Received _____

Title Amount _____ Date ____/____/____ Received _____

(To be completed by your school official)

Academic Standing _____

Applicant's Major _____ Minor _____

Applicant's Grade Point Average _____ on a scale of _____

Signature (School Official) _____

Title _____

Date ____/____/____

Please provide an official academic transcript. Transcripts may be mailed separately. Transcripts must be postmarked by the application deadline, **June 30, 2010**.

Section II: Recommendations

(To be completed by a teacher, school official, professional colleague, employer or friend)

Please provide two (2), one-page letters of recommendation that express the following:

- The nature of your relationship with the applicant
- The applicant's unique qualities and how he/she embraces a way of life that overcomes the boundaries of living with CD

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Section III: Health

(To be completed by a health care professional who can confirm the CD diagnosis)

Patient's Medical Summary:

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

Name _____
Office Address _____ City _____
Prov. _____ Postal Code _____ Telephone _____
Signature _____ Credentials _____ Date ____/____/____

Section IV: Documents provided by the student applicant

Please submit a one-page essay about how you are living above and beyond the boundaries of CD to demonstrate academic ambition and personal achievement, and how you would benefit from the scholarship. Please note, essays that exceed one-page will not be eligible for consideration.

Section V: Applicant Consent

By signing below, the applicant authorizes UCB Canada and all their affiliates 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. The applicant also authorizes UCB Canada to contact him/her directly and to enter the applicant's information into a UCB Canada patient database that will be updated periodically. UCB Canada is authorized to share the applicant's information and individual story with the mass consumer media.

In addition, should the applicant be selected to receive the scholarship, recipients may be called upon to share their stories with the mass consumer media (print, radio or television) either by phone or in person, about living with CD to help inspire others struggling to find ways in which to cope with the disease. Participation in the matters outlined in this paragraph is a condition to receipt of the scholarship. Should the applicant be unwilling or unable to comply with the requirements of this paragraph, an alternate scholarship recipient may be selected.

The selection of recipients will be at the sole discretion of the judges chosen by UCB Canada. A panel of medical professionals and patient representatives from across the country will select the scholarship recipients. Winners will be notified during the month of August, 2010 via a personal telephone call and a confirmation letter. After a winner's educational enrollment has been verified for the fall 2010 semester; the scholarship cheque will be made payable to and directly mailed to the educational institution.

Individual scholarship amounts will be awarded up to \$5,000.00 CAN to cover the recipient's tuition and/or educational materials expenses (if a student does not have a minimum of \$5,000.00 CAN in tuition and educational materials costs, the scholarship amount will only cover the actual cost of tuition and/or educational material expenses).

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

Signature _____ Date ____/____/____

(To be signed by Parent/Guardian if applicant is less than 18 years old)

Parent/Guardian Signature _____ Date ____/____/____

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Checklist for Submission

- Completed application form
- One-page essay
- Official academic transcript
- Confirmation of CD diagnosis from your treating physician
- Two (2) one-page letters of personal recommendation from a teacher, school official, professional colleague, employer or friend

How did you learn about the UCBeyond Scholarship Program?

- Doctor's Office
- Media
- Internet
- Crohn's and Colitis Foundation of Canada
- Canadian Digestive Health Foundation
- Other (please specify) _____

Have you applied for the UCBeyond Scholarship in the past?

- Yes
- No

**Thank you for applying for the
UCBeyond Crohn's Disease Scholarship Program**

We wish you the best of luck!

Please send completed application to:
2010 UCBeyond Crohn's Disease Scholarship Program
c/o Prizsm Public Affairs Inc.
140 Marc Santi Blvd.
Maple, ON L6A 0K7

Be sure to complete and postmark the application by **June 30, 2010**.

For more information, please contact:
Prizsm Public Affairs Inc.
info@prizsm.ca
1.800.333.333

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