



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. The bursaries range in value from \$300 - \$1500. 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

Please complete every section; as per checklist on page 9. Incomplete forms will be denied.

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 mail.
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 by June 30<sup>th</sup> of the school year 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.

Please complete every section; as per checklist on page 9. Incomplete forms will be denied.

## **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

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





**NEPHROLOGIST'S STATEMENT**

Please return to: [suzanne.laniel@kidney.ca](mailto: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](mailto:suzanne.laniel@kidney.ca)**

**OR**

***The applicant will return this statement with their completed application.***

Please complete every section; as per checklist on page 9. Incomplete forms will be denied.



## **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.

Please complete every section; as per checklist on page 9. Incomplete forms will be denied.

## 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:**

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**Please mail your application to:**

**The Kidney Foundation of Canada  
1790 Courtwood Crescent  
Ottawa, ON  
K2C 2B5  
ATTN: Bursary Selection Committee**

**OR send a PDF by e-mail to: [suzanne.laniel@kidney.ca](mailto: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](mailto:suzanne.laniel@kidney.ca)

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

**Suzanne Laniel, [suzanne.laniel@kidney.ca](mailto:suzanne.laniel@kidney.ca) OR PHONE AT 1-800-724-9953 ext. 4552.**

Please complete every section; as per checklist page 9. Incomplete forms will be denied.