



Atlantic Canada Branch | Division du Canada atlantique

PO Box 13381

St. John's, NL A1B 4B7

709 753 8999 | 1 800 563 0626

Kidney.ca | Rein.ca

The Program: The general purpose of the program is to assist kidney patients and their family members to further their education and/or training.

- The total funds available are \$2,000 annually. Four (4) awards of Five Hundred Dollars (\$500) each may be awarded each year. One (1) Must be awarded on PEI
- A bursary may be awarded to an individual a maximum of two (2) times.

The Criteria: The bursaries will be awarded according to the criteria established and approved by the Atlantic Canada Branch.

- Selection of bursary recipients will be on the basis of their academic achievement, leadership, financial need and professional goals.
- Any kidney patient, the spouse of a kidney patient, or a dependent child of a kidney patient, may apply for a bursary. A kidney patient is defined as one on any mode of dialysis, is transplanted or has been diagnosed with chronic renal disease.
- The applicant must be a permanent resident of New Brunswick, Nova Scotia, Newfoundland and Labrador or Prince Edward Island.
- All post-secondary programs must be approved and recognized by accredited institution.
- The selection committee will choose the recipients based on the applications submitted by August 20th and according to the approved criteria

Application Procedures

- Applications must be completed and emailed to rosanna.mitchell@kidney.ca on or before **July 29, 2026** of the year in which the bursary is to be awarded.
- Bursary funds will only be issued when a copy of tuition payment is received by The Kidney Foundation Atlantic branch office.
- The applicant must agree to his/her name being used in any media form.

Payment:

- Cheques will be made out directly to post-secondary institutions on behalf of the recipient. Payment of the bursary will be discussed further upon notification of acceptance.

Privacy Statement: The Kidney Foundation of Canada collects personal information in a manner that recognizes both the right of an individual to have his or her personal information protected, and the need of the Foundation to collect, use or discloses personal information for purposes that are reasonable in fulfilling the Foundation's mandate and mission. The Foundation uses personal information to record



information from students that is needed to process applications and award bursaries. We do not release information to other fundraising organizations or to commercial enterprises.

Form updated: April 2026

PERSONAL INFORMATION

Full Name: Phone: Complete Mailing Address:

Email Address:

*Who has kidney disease?

Self

Other. Please specify:

Name:

Relationship:

Nature of kidney disease – specify one

Dialysis Patient

Transplant recipient

Chronic Kidney Disease

Marital Status :

If you are under the guardianship of your parents, please fill out the following:

Mother's Name:

Mother's Profession:

Mother's Employment Status:

Father's Name:

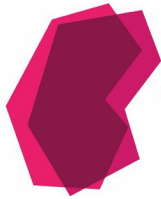
Father's Profession:

Father's Employment Status:

How many dependents in family:

How many dependents still in school:

EDUCATION INFORMATION



Last educational institution attended? (High School, University or Other Post-Secondary):

Name of two references (*please attach reference letters from either teachers or principal and transcript of marks*):

Name of educational institution you are planning to attend or are attending:
Length of time needed to complete diploma/degree:

LEADERSHIP INFORMATION

Have you held an office or organized an event?

Have you received a leadership award?

Have you participated in any of the following:

Academic Group Activities

Community Group Activities

Work Group Activities

Sports

Describe your involvement in the above:

FINANCIAL INFORMATION

Income

Current occupation:

Employer:

Employment status (full-time, part time, casual):

Annual income:

Expenses

Program of study:

Tuition: Supplies: Lodging: Other:

Total Income: **Total Expenses:** *Difference:*

PROFESSIONAL GOALS AND ADDITIONAL INFORMATION



Please write and attach a 200 word essay describing your future academic goals. This essay is your opportunity to present a persuasive case in support of your application.

Applicant's Signature:

Checklist:

- 1. Bursary application form*
- 2. Two letters of reference*
- 3. Transcript*
- 4. Future goal essay*

Thank you for your interest in the Kidney Foundation of Canada Atlantic Branch bursary program.

GOOD LUCK to all applicants!