

## **ABBVIE IBD SCHOLARSHIP APPLICATION FORM 2018**

Full Name *					
	First Name		Last Nam	ne	'
Address *					
	Street Address				
	Street Address I	Line 2			
	City			State / Province	
	City				
	Postal / Zip Cod	e		Please Select Country	•
Home Phone Number *	- Area Code	Phone I	Number		
	Alea Gode	1 110110 1	ramber		
Cell Phone Number					
	Area Code	Phone I	Number		
E-mail *	ex: myname	:: myname@example.com			
Confirm E-mail *	ex: myname@example.com				

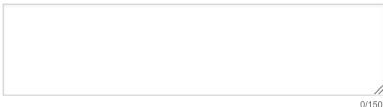
12/7/2017 Scholarship 2018

Gender *	<ul><li>Male</li><li>Female</li><li>Other</li></ul>
Date of Birth *	Month Day Year
Gastroenterologist *	
IBD Nurse	
Hospital or Clinic Name *	
Hospital or Clinic Location *	Street Address  Street Address Line 2  City State / Province  Postal / Zip Code
Are you a permanent and legal resident of Canada? *	<ul><li>Yes</li><li>No</li></ul>
What type of degree are you pursuing? *	<ul><li>Associates</li><li>Undergraduate</li><li>Graduate</li><li>Certificate</li><li>Other</li></ul>
What year of your program will you be entering in fall 2018?	

Scholarship 2018

Is this a full time or part time program? *	<ul><li>Full Time</li><li>Part Time</li></ul>			
What area of studies are you pursing? *				
Name of the post- secondary institution				
Address of post- secondary Institution	Street Address			
	Street Address Line 2			
	City	State / Province		
	Postal / Zip Code	Please Select ▼ Country		
Campus (if not main campus)				
What is your approximate tuition for the 2018/2019 school year? *				
How much in scholarships and grants have you been awarded (or are expected to be awarded) for the 2018/2019 school year? *				
Will you be working during the 2018/2019 school year? *	<ul><li>Yes</li><li>No</li></ul>			
If yes, how many hours a week?				

Please provide a summary (maximum 150 words) of any academic or community honours or achievements you wish to share with the selection committee:



Please provide a summary (maximum 150 words) of your involvement in the IBD community, including, but not limited to, volunteer work, social media, and/or education events:



## **Letters of Reference**

To be completed by a mentor, teacher, school official, professional colleague or employer. Please upload two (2) one (1) page letters of recommendation that express the following:

- 1. The nature of the reference's relationship with the applicant; and
- 2. The applicant's unrelenting perseverance, appetite for life and ability to strive for sustained wellness when challenged with Crohn's disease or ulcerative colitis.



#### Health

To be completed by a health care professional who can confirm Crohn's disease or ulcerative colitis diagnosis. Please upload a signed and completed copy of the <u>Proof of Diagnosis</u> form.

Upload Proof of Diagnosis form here \*

Choose File No file chosen

### **Essay**

Please provide a one (1) page (500 word max.) essay outlining how you demonstrate your academic aspiration and strive to sustain an optimal level of wellness in spite of your IBD, allowing you to excel to reach your personal and academic goals and inspiring others to do the same.

Questions to address in your essay:

12/7/2017 Scholarship 2018

- Why do you strive for academic success?
- How do you strive to sustain an optimal level of wellness?
- · What are our personal and academic goals?
- · How you inspire others through community and school involvement?
- How you would benefit from the scholarship financially and psychologically?

U	pΙ	0	ad	essay	here	*
---	----	---	----	-------	------	---

Choose File No file chosen

## **Applicant consent**

Please upload a signed copy of the <u>Applicant Consent</u> form. Please note that the Applicant Consent form must be signed by a parent or legal guardian if applicant is less than 18 years of age at the time of application submission.

Upload your signe	d Application	<b>Consent form here</b>	*
-------------------	---------------	--------------------------	---

Choose File No file chosen

## Would you be interested in participating in any of the following opportunities?

- Youth Webinars and/or educational events/symposiums
- Sharing stories and ideas through IBD focused blogs or web forums
- Volunteering at local Crohn's and Colitis Canada fundraising events, such as Charity Galas and the annual Gutsy Walk

# How did you learn about the AbbVie IBD Scholarship Program? Please select all that apply

- Physician or nurse's office
- Crohn's and Colitis Canada
- Media
- Internet Search
- Scholarship Canada/Student Awards/Disability Awards website
- Supporting Organizations
- Educational Institution, guidance counselors, registrar's office or school media
- Other

From time to time, AbbVie may wish to contact selected applicants for educational and/or awareness purposes. Do you give permission for Crohn's and Colitis Canada to share your contact information with AbbVie? \*

- Yes
- No

12/7/2017 Scholarship 2018

Please be sure to submit your application ONLINE by **5 pm EDT June 1, 2018**. Applications submitted after this date will not be considered.

Submit