

# 2009 UCBeyond Rheumatoid Arthritis Scholarship Program

## Purpose and Award

UCB Pharma Canada, a division of UCB Inc., is dedicated to creating unique programs and tools to aid rheumatoid arthritis (RA) 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 CDN. In 2009, eight (8) scholarships will be awarded to individuals diagnosed with RA. The UCBeyond Scholarship Program, now in its third year, has allocated over 50 scholarships to Canadian students suffering from diseases such as Crohn's disease, ulcerative colitis, 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 RA 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 RA
- Enrolled in or awaiting acceptance from a Canadian-based institution of higher education for the fall semester of 2009

## The selection of recipients and determination of the scholarship amount

Employees of UCB 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, 2009 via a personal telephone call and a confirmation letter. After a winner's educational enrollment has been verified for the fall 2009 semester, the scholarship check will be made payable to and directly mailed to the educational institution. Individual scholarship amounts will be awarded up to \$5,000.00 CDN 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, 2009.

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 RA 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 RA and details of school and community involvement
- Two 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 RA
- 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 2009 UCBeyond Rheumatoid Arthritis 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 employee or an immediate family member of a UCB employee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(To be signed 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 2009 UCBeyond Rheumatoid Arthritis Scholarship Program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**The next generation biopharma leader**

# 2009 UCBeyond Rheumatoid Arthritis Scholarship Program

## 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 2009?

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, 2009](#).

## Section II: Recommendations

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

Please provide two, [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 RA



**The next generation biopharma leader**

# 2009 UCBeyond Rheumatoid Arthritis Scholarship Program

## Section III: Health

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

Patient's Medical Summary:

---

---

---

---

I certify that this applicant has been diagnosed with RA 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 RA 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 Pharma 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 to contact him/her directly and to enter the applicant's information into a UCB patient database that will be updated periodically. UCB 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 RA 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. 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, 2009 via a personal telephone call and a confirmation letter. After a winner's educational enrollment has been verified for the fall 2009 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 CDN 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).

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

(To be signed if applicant is less than 18 years old)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



The next generation biopharma leader

# 2009 UCBeyond Rheumatoid Arthritis Scholarship Program

## Checklist for Submission

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

## How did you learn about the scholarship?

- Doctor's Office
  - Media
  - Internet
  - The Arthritis Society
  - Canadian Arthritis Patient Alliance
  - Arthritis Consumer Experts
  - Other (please specify)
- 

Please send completed application to:

2009 UCBeyond Rheumatoid Arthritis Scholarship Program  
c/o Chrome Communications Inc.  
2000 Argentia Road – Plaza 1, Suite #260  
Mississauga, ON L5N 1P7

Be sure to complete and postmark the application by **June 30, 2009**.

For more information, please contact:

Chrome Communications Inc.  
905.567.1406 or Toll Free: 1.888.867.1406  
info@chromecommunications.ca  
www.chromecommunications.ca

© 2009 UCB Pharma Canada Inc.  
Burlington, ON  
All rights reserved



The next generation biopharma leader

