

ANNA BOGDANSKI MEMORIAL SCHOLARSHIP

2019 APPLICATION

The Anna Bogdanski Memorial Scholarship was established to assist people affected by multiple sclerosis in the Niagara Region. The scholarship launched in 2012 and for ten years, up to 2 scholarships of \$1,000 will be awarded annually to students attending post-secondary school.

Scholarship Criteria

- Eligible applicants must live in a family in which an immediate member (self, sibling, spouse or parent/guardian) is directly affected by MS or an allied disease (neuromyelitis optica (NMO), transverse myelitis (TM), and acute disseminated encephalomyelitis (ADEM)). Recipients will be required to submit proof of diagnosis.
- Applicant is attending or will be attending an accredited post-secondary institution (university, college or industry program) working towards a degree, diploma or industry license on either a full time or part time (60% of course load) basis.
- Applicant lives in Niagara Region, aged 25 or younger and not a child, sibling, spouse or parent/guardian of a current Multiple Sclerosis Society of Canada NPCH employee.
- Applicant is a Canadian citizen, permanent resident or person on whom refugee protection has been conferred under the Immigration and Refugee Protection Act.

Award

- Two scholarships of \$1,000 are available each year. The scholarship can only be awarded once per applicant.

Application and Selection Process

- Completed application form must be submitted by noon on Thursday August 1, 2019.
- Up to two successful applicants will be selected by a committee of volunteers and staff. All applicants will be notified by Friday September 6, 2019.

Scholarship Payment

- Scholarship recipients must provide their social insurance number prior to payment being issued.
- Funds will be released upon receipt of confirmed acceptance/enrollment in post-secondary institution.
- Full payment of \$1,000 will be issued by cheque made payable to the scholarship recipient and mailed to each recipient's home address.

Obligations of Scholarship Recipients

- Those selected as scholarship recipients will be required to provide confirmation that they or an immediate family member is living with multiple sclerosis or an allied disease. This confirmation must be signed by the individual's family doctor, neurologist or specialist who is currently treating them. In addition, the family member who is living with MS will need to provide their consent to release this information to the MS Society of Canada.
- Recipients are required to sign a media release form giving the MS Society of Canada permission to use their photo and story in media releases.
- Recipients may also be required to participate or speak at MS Society of Canada events where time/availability permits (mutually agreed upon, pre-determined MS Society of Canada events)
- Recipients are required to write a thank you note to the donor.
- Scholarship recipients are required to notify the MS Society's Niagara Peninsula Chapter of Hope of any changes in address, school enrollment or other relevant information.

Scholarship Revisions

- The Multiple Sclerosis Society of Canada reserves the right to change the scholarship application and eligibility criteria at any time.

Should you have any questions, please email ont-niagara@mssociety.ca or call Kasey Pearson at (905) 937-7772 ext. 3521

APPLICATION CHECKLIST

- ☐ Complete application form
- ☐ Include/attach an essay on how their life has been impacted by MS (maximum 500 words)
- ☐ Attach a signed copy of the Privacy/ Release of Information

Completed application must be submitted by noon (12:00 pm) on Thursday August 1, 2019.

Applications can be submitted by email to: ont-niagara@mssociety.ca or mailed/received at the NPCH office:

Multiple Sclerosis Society of Canada
Niagara Peninsula Chapter of Hope
432 Niagara Street, Unit 2
St. Catharines, ON L2M 4W3

ANNA BOGDANSKI MEMORIAL SCHOLARSHIP

2019 Application Form

1. Applicant Information		
Name of applicant:		
Address:		
City, province, postal code:		
Phone:		
Email:		
I am a Canadian Citizen or Permanent Resident or person on whom Refugee protection has been conferred Yes <input type="checkbox"/> No <input type="checkbox"/>		
As of August 1, 2019, I am 25 years of age or younger Yes <input type="checkbox"/> No <input type="checkbox"/>		
As of August 1, 2019, I am: <input type="checkbox"/> 18 years of age or older <input type="checkbox"/> 17 years of age or younger		
I am a child, sibling, spouse or parent/guardian of a current MS Society NPCH employee Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Academics		
Name of High School Attended		
Date of High School Graduation		
Name of Post-Secondary Institution		
Post-Secondary Area of Study		
Outline what degrees, diplomas, or certificates you intend to obtain.		
Length of post-secondary program: Original start date of post-secondary program: Anticipated graduation date:		
I am enrolled in full time studies Yes <input type="checkbox"/> No <input type="checkbox"/>		
I am enrolled in part time studies (60% or more of full-time course load) Yes <input type="checkbox"/> No <input type="checkbox"/>		

3. Relationship to MS or an Allied Disease

What is your personal relationship to MS or an Allied Disease?

- ☐ You are a person with MS or an allied disease
- ☐ Your spouse/partner has MS or an allied disease
- ☐ Your parent/guardian has MS or an allied disease
- ☐ Your sibling has MS or an allied disease
- ☐ Other _____

4. Impact

Attach an essay answering the question: How has multiple sclerosis impacted my life?

Maximum 500 words.

Thank you for your application. All documents submitted as part of an application become the property of the Multiple Sclerosis Society of Canada and will not be returned. The Multiple Sclerosis Society of Canada reserves the right to check the accuracy of all statements made. Incomplete applications will not be considered.



The MS Society of Canada collects the personal information requested on the Anna Bogdanski Memorial Scholarship forms for the purpose of determining eligibility and selection of scholarship recipients, promotion of the scholarship and scholarship recipients and the work of the Multiple Sclerosis Society. By completing the release of information section on the Anna Bogdanski Memorial Scholarship Application Form you hereby consent to the collection, use and disclosure by the MS Society of your personal information and/or image in accordance with the MS Society privacy policy.

I, _____, hereby give my full permission to the Multiple Sclerosis Society of Canada to release pertinent personal information and/or my name and any images of me for the purpose of the Anna Bogdanski Memorial Scholarship. I understand that this information may be used for publications such as MS Society reports, newsletters and online.

Printed Name _____ Signature _____ Date _____

By signing below, I, the undersigned, certify that I am the **parent** or **legal guardian** of the applicant, and as such on behalf of myself and the applicant, agree to the terms of the scholarship and the privacy statement/release of information as noted above.

Printed Name _____ Signature _____ Date _____