

Natalie Coffin Lupus Memorial Bursary

This Bursary is established in memory of the late Natalie Coffin who had Lupus and was committed to helping share public awareness about this life challenging disease.

Donor: Lupus Newfoundland & Labrador

Number of Awards: Three

Value: \$1000

Criteria: Awarded a learner enrolled in the second year of any full time diploma-level program at any campus. The bursary is based on financial need and academic merit. Recipient must have Lupus or be directly affected by the disease such as a family member (mother, father, son, daughter, brother, sister, niece, or nephew, step brother, step sister, step parents).

Applications for this bursary are also available from the Lupus Newfoundland and Labrador (709) 368-8130 or lupus.nl.ca@gmail.com. The deadline for receipt of application directly to Lupus Newfoundland and Labrador is December 31. Any questions regarding the above award can be forwarded to Lupus Newfoundland and Labrador.

Please see application on next page.



Lupus NL Scholarship Application

Section 1: Student Information

Name _____

Home Address/P.O. Box _____

City _____ Province _____ Postal Code _____

Date of Birth (MM/DD/YYYY) ____/____/____

Email Address _____

Home Phone _____

Cell Phone _____

Section 2: Academics (To be completed by the student)

Name of Canadian-based educational institution: _____

School Address: _____

City/Town _____ Province _____ Postal Code _____

What type of degree/program are you pursuing?

Undergraduate Graduate Certificate Diploma Other: _____

Area of study: _____

What year of your degree/program are you currently enrolled (if applicable)? _____

Honors and Achievements

List any scholarships and/or bursaries you have received in the past year, or will be receiving in the upcoming academic year.

Section 3: Attachments

- 1) In a short essay (less than one page), please describe how Lupus has affected your life.
- 2) Please attach a copy of your academic transcript which includes your most recent grades.

Documents provided by the Student Agreement

By signing below, the successful applicant authorizes Lupus NL 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. Lupus NL is authorized to share the applicant's information and individual story with the mass consumer media. The applicant consents to allow Lupus NL to contact him/her directly and to enter the applicant's contact information into the Lupus NL database for future communications from Lupus NL. The applicant may also be requested to volunteer with Lupus NL (up to 10 hours total).

The selection of recipients will be at the discretion of the Lupus NL Board Members. Recipients will be notified via a confirmation letter.

Individual scholarships will be in the amount of \$1000.00 each.

Please enter my application in the Lupus NL Scholarship Program. I confirm that I am 18 years of age or older and that I meet the eligibility requirements.

Signature _____ Date ____/____/____
mm dd yyyy

Email _____

Please submit the completed application form and supporting documents by mail or email (with scanned signatures) to:

Lupus Newfoundland & Labrador Scholarship
P.O. Box 8121, St. A
St. John's, NL, A1B 3M9

Good Luck!

Help us promote our new scholarship to other students like you. Share this information with your friends and family.

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