



IBD Connect Inc. 2024 Scholarship Program Application

Please submit this completed application and all supporting documents (essay requirement and additional documents) via email to Lisa Fournier at lisafofourier@ibdconnectinc.org by **May 31st, 2024**. You may also choose to upload your application and supporting documents to IBD Connect’s website, www.ibdconnectinc.org, by the same date. Late or incomplete applications will not be considered.

Personal Information:

Name [Full Legal Name]:

Date of Birth (MM/DD/YYYY)

Address [Complete Mailing Address]:

Phone Number:

Email Address:

Medical Information

Diagnosis:



Date of Diagnosis [MM/DD/YYYY]:

Academic Information

Name and address of the college, university, or vocational/trade school you are enrolled in for the 2024-2025 academic year:

Major/Field of Study:

Expected Graduation Year:

Essay Requirement:

Please provide your response to the following question:

Describe one positive impact that living with Inflammatory Bowel Disease (IBD) has had on your life. This could be an experience, personal quality, relationship, or any other aspect you feel has been positively influenced by your journey with IBD.

Your response should be typed in Times New Roman font, size 12, and should not exceed one page when single-spaced.

Additional Attachments:

- Proof of U.S. citizenship (e.g., copy of passport, birth certificate, or naturalization certificate).

- Proof of enrollment in a U.S. college, university, or trade/vocational school for the academic year 2024-2025 (e.g., class schedule, enrollment confirmation).
- Documentation confirming the diagnosis of Inflammatory Bowel Disease (IBD) from a healthcare provider (e.g., doctor's letter, medical records).

Acknowledgment and Agreement:

- I. *By signing below, I affirm that I have thoroughly read, comprehended, and consent to all terms outlined in the IBD Connect Inc. Scholarship Program and Instructions” document available on IBD Connect's official website, www.ibdconnectinc.org.*
- II. *Nondiscrimination Clause: IBD Connect Inc. is committed to awarding scholarships without discrimination based on race, color, religion, sex, national origin, disability, or any other protected status in accordance with applicable federal, state, and local laws. We do not discriminate in the provision of services, the granting of financial assistance, or any other aspect of our organization's operations.*
- III. *I acknowledge and consent that the information within this application will be kept confidential and will not be disclosed to any third parties without my explicit permission. I understand and agree that in order to apply for this scholarship, IBD Connect Inc. or its agents must obtain private personal information from me and/or my healthcare provider, including protected health information as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Accordingly, I hereby authorize IBD Connect Inc. and its agents to collect and maintain such information, to contact me if additional information should be required.*
- IV. *I understand that my application is not conditioned in any way on my purchase of any goods or services and that I may unsubscribe from this program or retract my application at any time by contacting IBD Connect Inc. at (508)-395-2278 or emailing lisafournier@ibdconnectinc.org.*
- V. *I understand that IBD Connect Inc. reserves the right to modify or terminate this program at any time as it deems fit, that IBD Connect Inc. is under no obligation to continue the scholarship program and that any decision by IBD Connect Inc. to modify or terminate this program will not give rise to any liability or obligation to IBD Connect Inc.*



Support Engage Empower

I, the undersigned, declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any misrepresentation may result in the denial of scholarship assistance. I affirm that I have read, understand, and agree to all terms and conditions listed above under the “Acknowledge and Agreement” section of this document.

Signature: _____ Date: _____

Printed Name: _____

Have questions or concerns? Contact us!

Website: www.ibdconnectinc.org

Email Address: lisafournier@ibdconnectinc.org

Phone Number: (508) 395-2278

Mailing Address:

IBD Connect

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