

# 2011 UCB RA SCHOLARSHIP PROGRAM

REACHING BEYOND BOUNDARIES

## PURPOSE AND AWARD

UCB, Inc., a global biopharmaceutical company committed to developing innovative treatments for inflammatory diseases such as rheumatoid arthritis (RA), is dedicated to creating unique programs and tools to aid RA patients and their immediate family members in reaching beyond the boundaries of their disease and fulfilling their educational ambitions. This award is a one-time scholarship of up to \$10,000. In 2011, 30 scholarships will be awarded.

## ELIGIBILITY REQUIREMENTS

Previous UCB RA Scholarship winners are not eligible to reapply.

This program is designed for applicants of any age. Applicants must be:

- > A legal resident of the United States
- > Diagnosed with RA by a physician or an immediate family member (parent, spouse, child, or sibling) of someone with RA
- > Seeking an associate's, undergraduate, or graduate degree or enrolled in a trade school educational program
- > An individual who demonstrates academic ambition and embraces a way of life that overcomes the boundaries of living with RA
- > Enrolled in or awaiting acceptance from a United States-based institution of higher education for fall semester of 2011

## THE SELECTION OF RECIPIENTS AND DETERMINATION OF THE SCHOLARSHIP AMOUNT

Employees of UCB and their immediate family members are not eligible for this scholarship. Additionally, immediate family members of healthcare professionals who directly or indirectly influence the prescribing of rheumatoid arthritis medications are not eligible to apply. Selection of recipients will be at the sole discretion of the judges chosen by UCB. A panel of medical professionals from across the country will select the scholarship recipients. After a winner's educational enrollment has been verified for the fall 2011 semester, the scholarship check will be made payable to and mailed directly to the educational institution in July 2011. Scholarship amounts will be up to \$10,000 to cover the recipient's tuition and/or educational materials expenses. However, if a student does not have a minimum of \$10,000 in educational expenses owed for his/her schooling, the scholarship amount will only cover the remaining amount. If upon contacting an applicant UCB learns he/she does not have any remaining costs owed to the academic institution, he/she will no longer be eligible for the scholarship.

## PROCEDURES

To apply, submit a completed application that is postmarked by March 18, 2011.

- > Sections of the application will need to be completed by the student, a school official or professional colleague, and the patient's health care professional
- > Selection will be based on the application which must include:
  - > A one to two page essay about how you are living beyond the boundaries of RA to demonstrate academic ambition and personal achievement, and how the scholarship would impact your life
  - > A minimum of two letters of recommendation (one letter must come from a teacher or school official and one from a person in your community), maximum of three letters
  - > An official academic transcript
  - > A recent, non-returnable photograph of yourself, labeled with your name, address and telephone number
  - > Confirmation of RA diagnosis from the patient's treating physician on their letterhead
- > Additional pages can be attached to the application if more space is needed for responses

## STUDENT INFORMATION (Please Print or Type.)

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Home Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_ Please check one:  Male  Female

E-mail Address \_\_\_\_\_

If not a person with RA, please describe the relationship: \_\_\_\_\_



Be sure to complete and postmark the application by March 18, 2011.

(To be signed if applicant is 18 years of age or older.)

Please enter my application in the 2011 UCB RA 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 old.)

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 2011 UCB RA Scholarship Program.

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

**SECTION 1. ACADEMICS**

(To be completed by the student.)

**School Information (as of fall 2011):**

Name of College/Vocational School \_\_\_\_\_

What type of degree are you pursuing?  Associate's  Undergraduate  Graduate  Trade School

What year of your degree/certificate will you be in the fall semester of 2011? \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Your Address at School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Career Aspirations:**

\_\_\_\_\_  
\_\_\_\_\_

**Honors and Achievements/Community Service (e.g. Arthritis Foundation, American Cancer Society, or hospital volunteer):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All Scholarships/Grants Applied for or Received:**

Title _____	Amount _____	Per _____	Date Received _____
Title _____	Amount _____	Per _____	Date Received _____
Title _____	Amount _____	Per _____	Date Received _____
Title _____	Amount _____	Per _____	Date Received _____
Title _____	Amount _____	Per _____	Date Received _____

(To be completed by your school official. School official signature is optional for applicants who are not high school seniors.)

**Academic Standing:**

Applicant's High School Class Rank \_\_\_\_\_ of \_\_\_\_\_

Applicant's High School Grade Point Average \_\_\_\_\_ on a scale of \_\_\_\_\_

Applicant's College Grade Point Average \_\_\_\_\_ on a scale of \_\_\_\_\_

Applicant's SAT or ACT Score \_\_\_\_\_ 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, March 18, 2011.



## SECTION 2. RECOMMENDATIONS

Teacher, School Official, or Community Member (e.g. employer, co-worker, clergy member, or coach):

Please provide a minimum of two (maximum of three), one-page letters of recommendation that express the following:

- > The nature and length of your relationship with the applicant
- > Impact of RA on the applicant's life
- > The applicant's unique qualities that demonstrate how he/she overcomes the limitations of living with RA
- > Any additional comments that may be relevant to the selection committee

## SECTION 3. HEALTH

(Please provide a copy of this section to the patient's health care provider and include their signed letter in your application packet.)

A panel of medical professionals from across the country will select the scholarship recipients. These professionals have an in-depth understanding of rheumatoid arthritis.

Please provide a signed letter on physician's or medical institution's letterhead that addresses the following:

- > Confirmation of rheumatoid arthritis diagnosis, including year
- > Severity and location of disease
- > Current therapies for rheumatoid arthritis
- > Other medical information the selection committee should know about the applicant
- > Please include opinions regarding the applicant's suitability for this scholarship (i.e. illustrations of how the applicant is living beyond the boundaries of RA to demonstrate academic ambition and personal achievement)

Physician Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_

Patient's Insurance Provider (optional) \_\_\_\_\_

## SECTION 4. DOCUMENTS PROVIDED BY THE STUDENT APPLICANT

- > Please provide a recent, non-returnable photograph of yourself, labeled with your name, address and telephone number
- > Please submit a one to two page essay about how you are living beyond the boundaries of RA (either as a patient or immediate family member) to demonstrate academic ambition and personal achievement, and how the scholarship would impact your life

## SECTION 5. APPLICANT CONSENT

By signing below, if the applicant is chosen as a winner, the applicant authorizes UCB to publish, copyright, and use the information contained in this application (with the exception of information from Section 3 Health), including photographs, in advertising and other promotional materials without prior approval, including display on the Internet. The applicant also authorizes UCB to enter the applicant's demographic information into a UCB patient database that will be updated periodically. The database will not be used for any promotional activities or solicitation.

Recipients may be called upon to share their stories with the 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 from across the country will select the scholarship recipients. Winners will be notified by July 1 with a personal telephone call from UCB. After a winner's educational enrollment has been verified for the fall 2011 semester, the scholarship check will be made payable to and mailed directly to the educational institution. By signing, the applicant authorizes the school to share information with UCB regarding the number of classes left to complete degree and the cost per class.

I certify that my immediate family members do not directly or indirectly influence the prescribing of rheumatoid arthritis medications.

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

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

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



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Please list names and addresses of local newspapers where an announcement may be sent if you are selected.

Newspaper \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Newspaper \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## CHECKLIST FOR SUBMISSION

- Completed and signed application
- Recent, non-returnable photograph of yourself, labeled with your name, address and telephone number
- One to two page essay
- Official academic transcript
- A minimum of two (maximum of three) one-page letters of recommendation. One letter should come from a teacher or school official and one from a person in your community (e.g. employer, co-worker, clergy member or coach)
- Proof of RA diagnosis from the patient's treating physician on physician's letterhead

## HOW DID YOU LEARN ABOUT THE SCHOLARSHIP?

- Doctor's Office
- Web Site \_\_\_\_\_
- Other \_\_\_\_\_

Please send completed application to:  
UCB RA Scholarship Program  
c/o Summit Medical Communications  
1421 E. Broad Street  
Suite 340  
Fuquay - Varina, NC 27526

## REACHING BEYOND BOUNDARIES

- For more information about the UCB RA Scholarship Program:
- Email us at [ucbrascholarship@summitmedcomm.com](mailto:ucbrascholarship@summitmedcomm.com)
  - Visit [www.reachbeyondra.com/scholarship](http://www.reachbeyondra.com/scholarship)
  - Call 1-888-854-4996

BE SURE TO COMPLETE AND POSTMARK THE APPLICATION BY MARCH 18, 2011.

