

MitoScholars and MitoScholars+

Applicant Consent Form

Applicants and Recipients of MitoCanada's scholarship (MitoScholars and MitoScholars+) may be called upon to share their stories with the community through media promotion (print, radio or television) either by phone, virtually or in person to help promote the scholarship program and help inspire others living with mitochondrial disease to pursue their post secondary academic pursuits.

By signing, the applicant authorizes their post-secondary school to share information with MitoCanada, the number of classes left to complete their degree, the cost per class and any outstanding cost associated with their student accounts.

By signing below, I attest that I have read, understand and agree with the application criteria and the information I have provided is both accurate, true and I agree to abide with the terms of the scholarship contained in the application form.

I confirm that **I am 18 years of age or older.**

I certify that I am **not an employee** of MitoCanada or an immediate family member of a MitoCanada employee.

I agree that, if selected, I shall provide proof of my academic standing at the time of the award and any time thereafter at the request of MitoCanada.

I further agree that I shall **use the funds for academic purposes only**. Note: Qualifying academic expenses includes tuition, student fees, required educational materials and on-site residency.

I agree that if I choose to or have to leave my academic program, or step away from my studies, I shall notify **MitoCanada immediately**.

Signature: _____ Date: ____/____/____

To be signed by parent/guardian if applicant is less than 18 years old at the time the application is submitted.

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 MitoScholars Program.

Parent/guardian signature: _____ Date: ____/____/____