



Spring 2010

Dear Applicant:

Are you planning to continue your education by attending college, university or an institute of higher learning? If so, you will be interested to know that, as a registered client of Muscular Dystrophy Canada residing in British Columbia, you are eligible to apply for the Kit Davison Bursary. This year, the Kit Davison Bursary will be awarded to two successful candidates in the amounts of \$2,500 and \$1,000. We encourage you to apply if you have a clear vision of your career goals. Prior recipients of this award may apply again for an additional year.

To ensure that you are considered, please fill in the attached application form and send it to:

Muscular Dystrophy Canada  
Attention: Kit Davison Bursary Endowment Selection Committee  
7<sup>th</sup> Floor, 1401 West Broadway  
Vancouver, BC V6H 1H6

**The deadline for submissions is June 30, 2010.**

If you have any questions about the scholarship or bursary, please feel free to contact Stephanie Guidobono at, 604-732-8799 ext.111, 1-800-366-8166, ext. 111, or at [Stephanie.guidobono@muscle.ca](mailto:Stephanie.guidobono@muscle.ca).

Sincerely,

A handwritten signature in black ink that reads "M. Kissel".

Maggie Kissel  
Director of Services  
Western Canada

**Western Canada:**

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1401 West Broadway, 7th floor, Vancouver, BC, V6H 1H6  
T 604.732.8799 1.800.366.8166 F 604.731.6127 W [muscle.ca](http://muscle.ca)

## The Kit Davison Bursary Endowment Fund Kit's Legacy to BC Youth

Over the course of her life, Kit was many things to many people, including mentor, friend and loving wife. In November of 1984, her friends and colleagues helped her take on a role that she would cherish for the rest of her life. That was the year that the Kit Davison Bursary Endowment Fund was established.

Kit passionately believed that young people with neuromuscular disorders who wanted to pursue higher education deserved an extra helping hand. She understood the challenges that these youth face – challenges that include serious barriers to university and college and satisfying careers – and she wanted to help them reach their goals. The bursary gave her the means to provide that support.

Over the years, Kit contributed generously to the bursary, and encouraged her colleagues to do so as well. She also worked closely with the BC regional office of Muscular Dystrophy Canada to oversee the award process. Every year she was gratified to hear about the positive impact the bursaries made on the lives of the young people who benefited; young people who often sent her pictures and notes of thanks.

Since its inception, the bursary has been awarded to 75 young people, and distributed nearly \$61,460.00 for books, tuition, and other expenses that contribute to the high cost of education. Recipients have gone on to work in a variety of interesting careers in diverse fields, including early childhood education, law, small business, and dentistry.

Kit worked tirelessly to further the scope and size of the Bursary. Now that Kit has passed on, her husband, Doug, plans to carry on and make the Bursary even more meaningful as a lasting memorial to Kit.

### **Testimonial from a former recipient, Ken Kramer, MDC National Board of Directors – Chair:**

*"1992 was an exciting year for me as I embarked on the beginning of my legal career at the University of British Columbia's Law School. In addition to the anxiety and challenges I would face over the next several years, I had the additional obstacle of contending with the high costs of education. Kit Davison recognized these challenges and understood that people with neuromuscular disorders have goals and great ambition. The financial contribution I received from the Kit Davison Bursary in addition to being a form of financial support provided me with the confidence to move forward in my new chosen career. I will always remember those that supported me as I began my career and Kit will be high on that list."*

## **KIT DAVISON BURSARY ENDOWMENT**

**PURPOSE:** The purpose of the fund is to provide financial assistance to students registered with Muscular Dystrophy Canada, who reside in BC or the Yukon, and who plan to enroll in a program of studies at an accredited post-secondary institution.

**ELIGIBILITY:** Three representatives of Muscular Dystrophy Canada will act as trustees for the bursary endowment. In making the final selections, the trustees will consider factors such as: academic potential, realistic goals and financial considerations, including extraordinary costs faced and other financial resources. Decisions by the trustees will be considered final.

**USE OF THE BURSARY:** Bursaries will be awarded to students for payment of tuition, textbooks or other preauthorized special needs.

**ACCOUNTABILITY:** As a condition of acceptance, the recipient agrees to submit proof of enrollment and payment of tuition, text books or preauthorized special expenses, totaling the amount of the bursary, within three months of commencement of course of studies. Trustees reserve the right to ensure that bursary funds are spent appropriately.

**KIT DAVISON BURSARY ENDOWMENT  
APPLICATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

What neuromuscular disorder have you been diagnosed with?

\_\_\_\_\_

**EDUCATION:**

LAST TWO ACADEMIC YEARS

Attach transcripts

\_\_\_\_\_

\_\_\_\_\_

DATE GRADUATED

\_\_\_\_\_

\_\_\_\_\_

POST SECONDARY INSTITUTION (S)  
ATTENDED.

Attach transcripts (if applicable)

\_\_\_\_\_

\_\_\_\_\_

DATE(S) ATTENDED

\_\_\_\_\_

\_\_\_\_\_

What post-secondary institution are you planning to attend in the 2010/2011 school year?

\_\_\_\_\_

What course of study? \_\_\_\_\_

What year? \_\_\_\_\_

Number of courses per semester? \_\_\_\_\_

Have you received official acceptance into the program?  
(If so, please attach proof. If not, please indicate when you expect to receive it)

\_\_\_\_\_

What will be your starting date? \_\_\_\_\_

What other sources of funding do you have?

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION (i.e.: academic goals, special assistance required, etc). Please note how you perceive that your neuromuscular disorder will impact your education and future goals.

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\_\_\_\_\_

PLEASE SUBMIT **TWO** REFERENCES (TEACHER, EMPLOYER, HEALTH PROFESSIONAL) ON ATTACHED FORMS.

**KIT DAVISON BURSARY ENDOWMENT APPLICATION  
REFERENCE FORM**

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Name of Referee \_\_\_\_\_

Signature of Referee \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what context? \_\_\_\_\_

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

In making the final selections the Committee will be considering items such as the following: realistic goals, academic potential and financial considerations. We would appreciate your assessment and evaluation.

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

Note: Please continue on additional page if additional space is required.

Return completed reference to: Muscular Dystrophy Canada  
Attn: Kit Davison Bursary Endowment Committee  
7<sup>th</sup> Floor, 1401 West Broadway  
Vancouver, BC V6H 1H6

**Closing date: June 30, 2010 – *no late entries accepted***