



## *Heart Defects Society of Windsor and Essex County*

1479 Tecumseh Road East, Windsor, Ontario N8W 1C2  
phone 519 973 0915  
email [admin@HeartDefectsSociety.org](mailto:admin@HeartDefectsSociety.org)

### **Francine Bryar Memorial Bursary**

Francine Bryar passed away on September 7, 2010 at the age of 36 while recovering from heart transplant surgery.

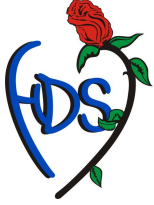
Born with complex congenital heart defects herself, it was her goal and passion to help other adults, children and families with similar issues. She treated the organization as if it was her child, nurturing it, loving it and helping it grow to what it is today. Even while Francine was in the hospital post transplant, she continued to guide and work on the HDS from her bed, planning and organizing events.

Her love for the organization and passion to both fight and advocate for others could always be seen. Whether it was a board meeting or HDS event she was always there for both the organization and for the families that the Heart Defects Society has helped along the way.

The Francine Bryar Memorial Bursary is an award established by the Heart Defects Society of Windsor and Essex County of which she was a founding member in 2000 and the Society's President for the following ten years until her passing.

Her legacy will live on through the Francine Bryar Memorial Bursary which has been established to aid the educational pursuits of CHD afflicted youth of Windsor and Essex County.





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### Application procedures and terms of Reference:

1. Applications must be received by the Secretary, Francine Bryar Bursary Fund, not later than April 30.
2. A Bursary of \$500.00 will be made each year to students with CHDs entering any accredited post secondary educational institution.
3. In order to be eligible to receive the bursary:
  - a. The applicant must have graduated or will graduate during the current academic year from a high school located in Windsor or Essex County.
  - b. The applicant must be accepted for admission as a full time student to an accredited post secondary educational institution.
  - c. All requested information must be provided or the application may not be considered.
4. A student who withdraws from either academic institution during the academic year is not eligible for a tuition refund.
5. The Bursary is valid only for use at any accredited post secondary educational institution but is not contingent upon the participation of the recipient in any extracurricular activity
6. The Bursary will be paid to the institution on behalf of the successful candidate at the time of the full time registration in the fall semester of his/her first year.
7. The bursary is for one academic year and is not renewable.

### Selection Criteria:

1. CHD Patient
2. Participation in HDS events to promote awareness of CHD and their impacts within the community
3. Character and personal qualities
4. Leadership qualities and assistance to others.

### Selection Date:

The Francine Bryar Bursary will be presented at the Annual Summer Picnic held in June. All CHD patients and their families are encouraged to attend.



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### Information Required

#### **1. Applicant's Letter**

This application must be accompanied by a letter prepared by the applicant, a CHD patient. This letter should contain:

- a. Information concerning prizes, bursaries, scholarships or awards won by the applicant in any endeavour
- b. A short statement of the applicant's purposes in seeking to attend university/college and of his or her proposed program of study.
- c. A brief summary of the applicant's hobbies or skills, his or her interests and specific participation in school, community, college, church, team etc., activities.

#### **2. Transcript**

A transcript of high school grades must accompany the application. If the current academic year has not been completed prior to the application deadline, midterm grades may be submitted. Photocopies are sufficient.

#### **3. References**

Please include the names, addresses and phone numbers of three references. One reference should be a high school teacher, counsellor or administrator. The others should be individuals in the community (not a teacher or relative) who know you well. Particular importance will be attached to the information submitted by your references, therefore select them with care. Please have your references highlight a few key accomplishments, character or work in the community in which you have been involved. Please make your references aware that we may contact them if needed for further information.

#### **4. Application**

Complete the application for the Francine Bryar Bursary Fund



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Application for the Francine Bryar Bursary Fund

Please print in ink:

Name in Full: \_\_\_\_\_  
Surname Given Names

Address: \_\_\_\_\_  
Street City

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Year Month Day

High School from which you will graduate: \_\_\_\_\_

References: (include name, address and phone number)

1.	2.	3.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list your congenital heart defect(s):

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

Desired University Major: \_\_\_\_\_

OR

Desired College Program: \_\_\_\_\_

Signature of Physician Confirming Presence of Congenital Heart Defect

Name: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_

Office Address: