

Applicant Information

First name:		
Last name:		
Date of birth (DD/MMM/YYYY):		
Home address:		
City:	Province:	Postal code:
Email:		Phone:
<input type="checkbox"/> I confirm I am a Canadian citizen or permanent resident. <input type="checkbox"/> I confirm I am either: <input type="checkbox"/> Diagnosed with cholestatic liver disease, or <input type="checkbox"/> A sibling of an individual diagnosed with cholestatic liver disease. <input type="checkbox"/> I have not previously received a RISE Bursary. <input type="checkbox"/> I acknowledge that employees/contractors of Mirum and program vendors and their immediate families are ineligible for this award.		

Education Information

Current/desired institution:	
Program of study:	
Institution type: <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Trade School	
Degree type: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Other	
First day of semester:	Proof of enrolment attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

Essay	Recommendations
Please provide an essay (maximum 1,000 words) that describes: 1. How cholestatic liver disease has affected your life or family, and how you have demonstrated resilience 2. How this bursary will support your educational goals	Please include two letters of recommendation (teacher, school official, mentor, employer, or another individual who knows you well). Letters should: <ul style="list-style-type: none"> • Describe your character. • Describe how cholestatic liver disease has affected your life or family, and how you've shown resilience in facing these challenges.

Applicant Consent

Please check the following boxes to confirm your consent.

I consent to the collection, use, and storage of my personal information, and to its secure destruction upon program completion, in accordance with Mirum Pharmaceuticals Canada's [Privacy Policy](#).

I understand that this program is independent of product promotion, and participation does not require any connection to Mirum products.

I authorize the program to contact my references and the confirming physician to verify the accuracy of information provided in this application.

If selected, I consent to my details being included in Mirum Pharmaceutical Canada's RISE Bursary Program materials. Any additional publicity use will only occur with my explicit consent.

By signing below, I confirm the information provided is accurate and complete.

Signature (if applicant is 18 or older): _____ Date: _____

If under 18:

Parent/Guardian name: _____

Signature: _____ Date: _____

Submission Checklist

- Completed application form
- Essay
- Proof of enrolment (e.g., transcript, tuition statement, letter of acceptance)
- Physician confirmation form
- Two letters of recommendation

Please submit all documents via the application portal at mirumcanadarisebursary.ca

Deadline: May 31, 2026, 11:59 pm PST