

Yusuf Patel

DCCI Scholarship for Canadian Students with Disabilities

31 July 2025

Learning the Science That Saved Me

I used to believe that strength meant pretending I wasn't in pain. I'd sit through class with a strained smile, ignoring the cramps twisting my insides, silently timing when I could bolt to the nearest bathroom between lessons. I was 14 when I was diagnosed with ulcerative colitis, and in that moment, my life split into a "before" and "after." What I didn't realize at the time was that this disease—this autoimmune condition that made me feel powerless—would eventually become the driving force behind my decision to study Health Sciences.

Ulcerative colitis is an invisible disability. From the outside, I looked like any other student. But inside, my immune system was attacking my digestive tract, leaving me exhausted, malnourished, and often in unbearable pain. I dealt with weight loss, fatigue, and bowel incontinence, which came with its own kind of shame—especially as a teenager. There were days I couldn't even leave my house, too scared of what might happen if I was too far from a washroom. Flare-ups meant steroids, blood tests, and sitting in cold hospital rooms while specialists discussed my options. There was no cure—just management, uncertainty, and hope.

In the early months, I felt isolated. Most of my friends didn't know what ulcerative colitis was, let alone how to support me. I began doing my own research—reading about the immune system, inflammation pathways, biologics, and clinical trials. The more I learned, the more I felt like I was regaining some control over my life. It gave me the tools to advocate for myself and to ask better questions when I sat down with my gastroenterologist. That shift—from fear to curiosity—marked the beginning of something bigger.

I remember one nurse in particular. After my third emergency visit in a month, she looked at the extensively detailed notes I'd written about my symptoms, medications, and side effects, and smiled: "You sure you're not going to take over my job one day?" At the time, I laughed—but it planted a seed. I began to wonder: What if I could turn all this—my pain, my experience, my questions—into something meaningful for others?

That's what led me to Health Sciences. I don't just want to be a patient who understands their illness—I want to be part of the team solving it. I want to study the immune system on a molecular level. I want to learn how clinical trials are designed, how data becomes treatment, and how public health policy can better support people living with chronic conditions. I'm especially drawn to research on autoimmune diseases, since so many remain poorly understood.

Why does the body turn against itself? Why are diagnoses delayed? Why do so many patients, especially youth, go unheard?

But just as importantly, I want to bring the human side to science. I know what it feels like to be rushed through an appointment, to be told “you’ll get used to it,” or to feel like a burden in a healthcare setting. Those experiences taught me that real care isn’t just about knowledge—it’s about compassion, communication, and trust. Health Sciences offers me the opportunity to explore both the biological mechanisms of disease and the ethical, social, and psychological dimensions of health.

Ulcerative colitis hasn’t just shaped my path—it *is* my path. It’s the reason I understand how deeply personal healthcare is. It’s the reason I want to contribute to the future of medicine—not just as someone who understands the science, but as someone who’s lived the reality. This disease took a lot from me. But it also gave me a purpose, and now, I’m learning the science that once saved me—so I can help save others.



Ontario Secondary School Diploma
Diplôme d'études secondaires de l'Ontario

This Diploma is granted to
Ce diplôme est décerné à

Patel, Yusuf Muhammad


a student of
élève de

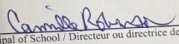
Father Michael McGivney Catholic Academy

who has fulfilled the requirements for the Ontario Secondary School Diploma
in accordance with the provisions of the Ministry of Education, Ontario.
qui a rempli les exigences prescrites pour l'obtention du diplôme d'études secondaires de l'Ontario,
en vertu des dispositions du ministère de l'Éducation de l'Ontario.

Dated at
Délivré à
Markham, Ontario

the
ce
27
day of
jour de
June 2025


Minister of Education / Ministre de l'Éducation


Principal of School / Directeur ou directrice de l'école



Verification of Enrolment

Office of the Registrar
2000 Simcoe Street North
Oshawa, Ontario
L1H 7K4
(905) 721-8668

To Whom It May Concern:

This is to certify that the following student is enrolled at Ontario Tech University for the program and period of study indicated below.

Student Number:	101009795
Name:	Yusuf Patel
Address:	10 Robbinstone Dr Scarborough Ontario M1B 2E6

Current Program of Study:	B.HSC.
Number of Credit Hours Completed:	0
Year Level:	1
Length of Program:	4 Years

Current Semester:	Fall 2025
Semester Start and End Dates:	September 2, 2025 - December 1, 2025 (12 weeks)
Time Status:	Full-Time
Current Enrolment, in Credit Hours:	15

This official document was produced by the student named above, using a secure authorized login protocol. It is accurate as of July 14, 2025. Ontario Tech University appreciates your acceptance of this official verification.

If you require any additional information, please do not hesitate to contact us at 905.721.3190, or via email at connect@ontariotechu.ca.

Adam Wingate, M.Ed.
Associate Registrar and Director, Records & Scheduling - Office of the Registrar
Ontario Tech University





Ministry of Colleges and Universities
Student Financial Assistance Branch



125201887

Yusuf Patel

10 Robbinston Drive
Scarborough, ON M1B2E6
Canada

2025-26 OSAP Disability Verification Form Students Attending Ontario Public Postsecondary Institutions

Date: July 9, 2025

Account: 025201887

Student no: 101009795

School: Ontario Tech University

Program: Bachelor of Health Science

Study period: Sep 2, 2025 to Apr 26, 2026

Financial aid office: Ontario Tech University
Student Awards & Financial Aid
Software and Info. Building
2000 Simcoe St. N
Oshawa, ON L1G 0C5
(905) 721-3190

Purpose of this form

This form is used to collect information about your disability, including documentation from your health care provider (physician or other regulated health care professional). This information is used to verify your status as a person with a disability for Ontario Student Assistance Program (OSAP) and Ontario Learn and Stay Grant purposes.

If verified, you may:

- Get additional disability-related funding or the rules for getting OSAP and the Ontario Learn and Stay Grant may be adjusted (such as allowing a reduced course load).
- Qualify for funding through the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE). These two programs help eligible students in full-time or part-time studies with the costs of eligible disability-related educational services and equipment, such as note-takers, tutors, or assistive technology. You must submit a BSWD/CSG-DSE application to be considered. The application is available on the OSAP website (ontario.ca/osap). Students in micro-credential studies and students who are receiving only the Ontario Learn and Stay Grant are not eligible for BSWD or CSG-DSE.

Help is available

The office for students with disabilities/accessibility services office or the financial aid office at your school can help you with any questions about this form. The office for students with disabilities/accessibility services office can also provide information about disability-related equipment, supports and services available at your school. For more information, see the "Questions?" section on page 2.

How to complete this form

There are two parts to this form: Section A and Section B.

- Fill out Section A, including the consents and declarations that you must sign and date.
- Section B is completed by your health care provider (physician or other regulated health care professional whose scope of practice includes diagnosing). Send all pages of Section B to your health care provider to complete regarding your disability.

Normally, you are only required to have this form completed once.

How to submit this form

Submit both Section A (completed by you) and Section B (completed by your health care provider).

Upload it online:

You can upload your completed form online. Log into the OSAP website and go to your OSAP or Ontario Learn and Stay Grant application to use the "Print or upload documents" feature.

Send in the form:

Send all sections of this form to the financial aid office at your school.

If you are sending in a paper copy, keep a copy of your form and related documents for your own records.

The privacy of all disability information is protected by the ministry under the *Freedom of Information and Protection of Privacy Act*.

Deadline to submit this form

If you have submitted an OSAP Application for Full-Time Students, OSAP Application for Part-Time Students, or Ontario Learn and Stay Grant Application, this completed form must be received by your financial aid office or the ministry no later than 40 days before the end of your study period.

If you have submitted an OSAP Application for Micro-credentials, this completed form must be received no later than 5 days after the end of your study period.

Questions?

If you need help with this form, contact the financial aid office at your school.

The office for students with disabilities/accessibility services office can also help you with questions about how to complete this form. This office will also be able to provide information on other disability-related supports and services available at your school. You may be required to provide them with additional documents when you discuss your disability-related needs for attending school.



Ministry of Colleges and Universities
Student Financial Assistance Branch



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Yusuf Patel
10 Robbinstone Drive
Scarborough, ON M1B2E6
Canada

2025-26 OSAP Disability Verification Form Students Attending Ontario Public Postsecondary Institutions

Date: July 9, 2025
Account: 025201887
Student no: 101009795
School: Ontario Tech University
Program: Bachelor of Health Science

Study period: Sep 2, 2025 to Apr 26, 2026

Financial aid Ontario Tech University
office: Student Awards & Financial Aid
Software and Info. Building
2000 Simcoe St. N
Oshawa, ON L1G 0C5
(905) 721-3190

Section A: Consents and declarations of student

Part 1: Required consents and declarations

- I agree that until my loans, including any grants that are converted into loans, overpayments, and repayments, including any micro-credential student loans or micro-credential grant overpayments, are assessed and repaid, the Ministry of Colleges and Universities (ministry) can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of the Ontario Student Assistance Program (OSAP), the Ontario Learn and Stay Grant and the Canada Student Financial Assistance Program (CSFA Program) with: Employment and Social Development Canada (ESDC); Canada Revenue Agency (CRA); National Student Loans Service Centre (NSLSC); my postsecondary school and its authorized financial administration agents and auditors; bodies that administer programs identified on this form; other parties used by the ministry to administer and finance OSAP and the Ontario Learn and Stay Grant; ESDC's contractors and auditors; collection agencies operated or retained by the federal or provincial governments; and consumer reporting agencies.
- I certify that the information provided on this form is accurate and complete, to the best of my knowledge. I understand that it is an offence to make a false or misleading statement and furthermore, that the ministry may restrict me from receiving disability-related assistance under OSAP and the Ontario Learn and Stay Grant in the future and may take legal action and may require me to repay any disability-related OSAP and Ontario Learn and Stay Grant funding that I received as a result of any false or misleading statement.
- I authorize the physician or other regulated health care professional who has completed Section B of this form to provide the requested personal health information to the ministry and my postsecondary school and, if required by the ministry or my postsecondary school, to provide additional personal health information relating to my disability or disability-related needs.
- I authorize the ministry and my postsecondary school to contact the physician or other regulated health care professional if the personal health information provided by him or her is not clear or is illegible. This authorization is limited and does not extend to allow the ministry or my postsecondary school to gather any personal health information from my physician or other regulated health care professional that is not related to this form or any related documentation that I have submitted.
- I understand that information I provide, including the personal health information provided by my physician or other regulated health care professional, may be verified and audited and, for these purposes the ministry may conduct inspections and investigations.

2025-26 OSAP Disability Verification Form

Part 1: Required consents and declarations (continued)

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Student's signature:



Date:

Day Month Year

09 07 2025

Part 2: Optional consent and declaration of student

Sign and date this section only if you agree that your disability-related information on this form can be shared with your school's office for students with disabilities/accessibility services office.

Why would this be helpful?

- Giving your consent for the information on this form to be shared with your school's office for students with disabilities/accessibility services office may assist this office in discussing available supports, services and accommodations with you.
- This would be particularly helpful if you are in full-time or part-time studies and intend on applying for the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE). (Note: students in micro-credential studies and students who are receiving only the Ontario Learn and Stay Grant are not eligible for BSWD or CSG-DSE.)

I authorize the financial aid office at my school and the Ministry of Colleges and Universities to disclose the personal information related to my disability (as provided on this form) to my school's office for students with disabilities/accessibility services office if it is required to determine my eligibility for the Ontario Bursary for Students with Disabilities and/or the Canada Student Grant for Services and Equipment – Students with Disabilities.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Student's signature:



Date:

Day Month Year

09 07 2025

The personal information you and your physician or other regulated health care professional provide in connection with this form, including your Social Insurance Number (SIN), is collected and used by the ministry to determine your eligibility for disability-related assistance under the Ontario Student Assistance Program (OSAP) and the Ontario Learn and Stay Grant.

Your personal information will be used to administer and finance OSAP and the Ontario Learn and Stay Grant as set out in the notice of Collection and Use of Personal Information on your OSAP and Ontario Learn and Stay Grant application(s) and in accordance with the consents you signed on your application(s). The Ministry of Colleges and Universities administers and finances OSAP and the Ontario Learn and Stay Grant under the authority set out under the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, c. M.19, as amended, and the regulations made under the Act. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9; 807-343-7260.

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Ministry of Colleges and Universities
Student Financial Assistance Branch

**2025-26 OSAP
Disability Verification Form
Students Attending Ontario Public
Postsecondary Institutions**

Section B: Verification of patient's disability

To be completed by the student's health care provider (physician or other regulated health care professional). The information provided on this form is used to determine your patient's status as a person with a disability and their eligibility for disability-related funding and/or supports under the Ontario Student Assistance Program (OSAP) and the Ontario Learn and Stay Grant. Eligibility is based on factors including but not limited to the student's disability meeting the federal government's definition of either "permanent disability" or "persistent or prolonged disability" and resulting in functional limitations that restrict their ability to perform daily activities necessary to pursue postsecondary studies. Provide clear statements about your patient's disability-related functional limitations and educational barriers. Avoid vague terms like "suggests" or "is indicative of". If more space is required, provide additional details on your official letterhead and attach it to this document.

Complete Section B: Parts 1-6. If any questions or fields are left blank, your patient will not be considered to have a permanent disability or a persistent or prolonged disability for OSAP or Ontario Learn and Stay Grant purposes. Return the completed form and any attachments to your patient.

Patient information

Student name:

Yusuf Patel

Date of birth:

January 16, 2007



Part 1: Physician or regulated health care professional information

First name:

Wesley

Area code and telephone number:

416 281 3577

Last name:

Leung

Specialty:

Indicate all that apply:

- ☐ Audiologist/Speech-Language Pathologist ☐ Chiropractor ☐ Neurologist
☐ Nurse Practitioner ☐ Occupational Therapist ☐ Ophthalmologist ☐ Optometrist
☐ Physician – Family ☐ Physician – Psychiatrist ☐ Physiotherapist
☒ Physician - Other (specify): Gastroenterologist and Internal Medicine
☐ Psychologist, Psychological Associate or Neuropsychologist ☐ Rheumatologist

This form will NOT be accepted if the chart below is incomplete or submitted without a stamp or signed letterhead		
Canadian Provincial/ Territorial Licence #	CPSO #: 85112	Place office stamp here - if you do not have an office stamp, you must sign and attach your letterhead to this form Dr. Wesley Leung 317-2863 Ellesmere Rd Scarborough, On, M1E 5E9
Address	2863 Ellesmere Rd., Suite 317 Toronto, ON M1E 5E9	

2025-26 OSAP Disability Verification Form

Student:
Yusuf Patel

Account #:
025201887

School:
EUBS



Part 2: Patient's disability status

A. Permanent disability status

For OSAP and Ontario Learn and Stay Grant purposes, a **permanent disability** is defined as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- is expected to remain with the student for their expected life.

Does the patient have a permanent disability?

- ☒ Yes
☐ No

B. Persistent or prolonged disability status

For OSAP and Ontario Learn and Stay Grant purposes, a **persistent or prolonged disability** is defined as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- has lasted, or is expected to last, for a period of at least 12 months, but is not expected to remain with the student for their expected life.

Does the patient have a persistent or prolonged disability?

- ☐ Yes
☒ No

If you answered "No" to **both** questions in Part 2, then you may bypass Parts 3-5 and go directly to Part 6 to provide your declaration and signature. Your patient will not be considered to have a permanent disability, or a persistent or prolonged disability, for OSAP or Ontario Learn and Stay Grant purposes. Before returning the form to the patient, please ensure Parts 1, 2 and 6 are complete.

2025-26 OSAP Disability Verification Form

Student:
Yusuf Patel

Account #:
025201887

School:
EUBS



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Part 3: Nature of patient's disability

Check all that apply:

- ☐ **Acquired Brain Injury**
- ☐ **Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)**
- ☐ **Autism Spectrum Disorder**
(e.g., Autism, Pervasive Developmental Disorder, Asperger's Syndrome)
- ☒ **Chronic health/medical disability**
(e.g., Crohn's disease, epilepsy, chronic pain, heart condition)
- ☐ **Deafened, deaf, Deaf or hard of hearing**
- ☐ **Functional / mobility impairment**
(e.g., paraplegia, quadriplegia, muscular dystrophy, cerebral palsy, spinal cord injury, spina bifida, multiple sclerosis)
- ☐ **Learning disability**

Note: psycho-educational assessments completed in the last 5 years or since the patient was 18 are an acceptable best standard for assessing students with learning disabilities. If the patient has never completed a psycho-educational assessment or has an outdated one, additional documentation may be required.

Individual Education Plans are not considered to be acceptable documentation of a learning disability for OSAP or Ontario Learn and Stay Grant purposes.

Answer the following questions:

Has a psycho-educational assessment been performed by a registered psychologist, psychological associate or neuropsychologist?

- ☐ Yes
- ☒ No

If "Yes", enter the date of the most recent assessment:

Day Month Year

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Was a learning disability confirmed?

- ☐ Yes
- ☒ No

- ☐ **Mental health impairment**
- ☐ **Visual impairment**
- ☐ **Other disability not indicated above – Specify:**

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2025-26 OSAP Disability Verification Form

Student:
Yusuf Patel

Account #:
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School:
EUBS



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Part 4: Mobility/movement and/or sensory impacts

Check all that apply:

☒ No mobility/movement or sensory impacts

☐ Ambulation ☐ Standing ☐ Sitting ☐ Stair climbing ☐ Lifting/carrying/reaching

☐ Grasping/gripping/dexterity ☐ Low vision ☐ Legally blind ☐ Hearing loss
(after correction)

☐ Sensory impacts - Specify: _____

☐ Other - Specify: _____

Describe
impact(s):

Part 5: Cognitive and/or behavioural impacts

Check all that apply:

☒ No cognitive or behavioural impacts

☐ Attention and concentration ☐ Memory ☐ Information processing (verbal)

☒ Stress management ☐ Communication ☐ Information processing (written)

☐ Organization and time management ☐ Social interactions

☐ Other - Specify: _____

Describe
impact(s):

The student must carefully manage stress levels, as elevated stress can trigger an ulcerative colitis flare.

Part 6: Declaration of physician or regulated health care professional

I certify that the information provided on this form is accurate. If I answered "Yes" to either question in Part 2, I certify that the patient identified above experiences the disability-related functional limitation(s) and/or educational barrier(s) indicated on this form.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Signature of physician or regulated health care professional:

Date:

Day Month Year

11 07 2025