
DR. E. BRUCE HENDRICK SCHOLARSHIP PROGRAM

established, supported and directed by

The Spina Bifida and Hydrocephalus Association of Ontario

2018 APPLICATION FORM

To be considered for this scholarship, answer all of the questions carefully. All information supplied on this form will be considered confidential by the committee. Falsification of any information will result in automatic rejection of the application.

Forward two copies of the completed application form by **The Last Business Day of April** to:

SPINA BIFIDA & HYDROCEPHALUS ASSOCIATION OF ONTARIO
Dr. E. Bruce Hendrick Scholarship Program
16 Four Seasons Place, Suite 111
Toronto, ON M9B 6E5
email: provincial@sbhao.on.ca
fax: 416-214-1446

If you fax or email your application you must also submit the original documents by mail.

Please print or type all information.

Name: _____

Mailing Address: _____

Postal Code: _____ Telephone #: _____

Home Address: _____

Email Address: _____

Date of Birth: _____

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Name of the university, college or other educational facility you plan to attend this fall. Please enclose evidence of acceptance or forward that evidence when you receive it.

Proposed course of study:

State your future educational and career objectives.

Name other scholarships or bursaries which you expect to receive this year or for which you have applied, this year.

		will receive	have applied
Name: _____	Amount: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Amount: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	Amount: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Name any scholarships, awards, bursaries, medals or certificates of recognition that you have previously received (with dates).

Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____

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Estimate the total cost of your education for the next year.

Tuition _____ Residence _____

Books _____ Travel _____

Specialized Equipment/Services _____

Other (specify) _____

Are you receiving:

	YES	NO
Ontario Disability Support Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Student Loans/Grants	<input type="checkbox"/>	<input type="checkbox"/>

Have you applied for:

	YES	NO
Ontario Disability Support Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Student Loans/Grants	<input type="checkbox"/>	<input type="checkbox"/>

State how you expect to finance your education:

List your employment history, including full-time, part-time and summer jobs, co-op placements and volunteer work, with dates.

Employment:

The Dr. E. Bruce Hendrick Scholarship Program

Co-op Placements:

Work Experience Program:

Mandatory Volunteer Work (eg. 40 hours for high school graduation):

Other Volunteer Work:

List your hobbies and special interests.

IMPORTANT

Two copies of this application form plus the following documents must be received in the Spina Bifida and Hydrocephalus Association of Ontario offices by **the last business day in April**.

If you fax or email these documents you must also submit the originals by mail.

- Academic transcripts, including the most recent completed semester. For students still in secondary school, a copy of the second semester mid-term report, or, if the school is not semestered, a copy of the last report issued.
- The medical assessment form (not required if you have previously applied unless your situation has changed).
- One letter of reference from an adult other than a family member, such as a minister, youth group leader, coach, volunteer supervisor or employer.
- One letter of reference from a teacher, principal, guidance counsellor. If you are already attending a post-secondary institution, one letter must be from one of your professors or instructors.
- A letter from you (the applicant) describing:
 - 1) why you think you are deserving of this award—this is your opportunity to tell us about yourself;
 - 2) how spina bifida and/or hydrocephalus has affected your education and your life in general;
 - 3) a goal you set for yourself and how you achieved it; and
 - 4) any other information that you feel would be helpful for the Program Advisory Committee to make their decision.

Applications received after the last business day in April cannot be considered.

I affirm that the information in this application is correct and complete.

Date

Signature