
DR. E. BRUCE HENDRICK SCHOLARSHIP PROGRAM

established, supported and directed by

The Spina Bifida and Hydrocephalus Association of Ontario

APPLICATION FORM

for 2011 scholarships only

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 **April 29, 2011** to:

SPINA BIFIDA & HYDROCEPHALUS ASSOCIATION OF ONTARIO

Dr. E. Bruce Hendrick Scholarship Program

555 Richmond Street West, P.O. Box 103, Suite 1006

Toronto, Ontario

M5V 3B1

fax: 416-214-1446

email: provincial@sbhao.on.ca

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 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:

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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

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

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Applications received after April 29, 2011 cannot be considered."

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