

MOVING LIVES FORWARD SCHOLARSHIP 2010

Eli Lilly Canada • BC Schizophrenia Society • Mood Disorders Association of BC



Scholarship Awards:

6 scholarships of \$750.00 and 2 scholarships of \$1,500.00

Application Deadline: June 30, 2010

Opening the door to educational opportunities is a positive way for people with mental illnesses such as schizophrenia and bipolar disorder to realize their potential.

The *Moving Lives Forward* Scholarship is offered by Eli Lilly Canada, the BC Schizophrenia Society and the Mood Disorders Association of BC, to help people acquire the educational or vocational skills necessary to reintegrate into society and help them move forward with their lives.

Eligibility:

To be eligible for the scholarship applicants must:

- Be a resident of British Columbia,
- Be diagnosed with a severe and persistent mental illness. e.g. schizophrenia, schizo-affective disorder or bipolar disorder,
- Be receiving medical treatment for the disorder, including medication and psychiatric care,
- Complete an application package. Please see criteria section below.

Eligible programs:

The scholarship offers financial assistance for a wide range of educational opportunities in which students work to attain a certificate, diploma, or degree from an accredited institution such as:

- High School Equivalency programs
- Community College, Trade or Vocational School programs
- Bachelor or Graduate degrees

Non-credit, online or home study courses are not eligible.

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Scholarship Awards: 6 scholarships of \$750.00 and 2 scholarships of \$1,500.00.

- The award may be paid to the individual or directly to the institution.
- Scholarships will be effective for Fall/Spring 2010 - 2011 school year only.
- Applicants must be planning to attend school during this period.
- All information submitted is for the selection committee only and will be kept confidential.

Criteria: Applications will be judged by the following criteria:

- Completed application form. The form is found in your scholarship package.
- 2 completed personal references forms from individuals such as a doctor, a mental health professional, a teacher, an employer etc. These forms are also found in your package.
- A letter describing your career and study goals. Your experiences and how you have learned to cope with a mental illness may also be included. Please include the name of the institution you plan to attend and the specific courses/programs you are applying for. The letter should be typed and no more than three, double-spaced pages.
- Personal interviews may be requested. Award recipients will be chosen from the list of eligible applicants by lottery. Recipients will also be asked to report the outcome of their educational experience.

A *Complete Application must include all of the following:

- Application Form
- Reference Form 1
- Reference Form 2
- A letter describing your career and study goals.

Incomplete applications will not be accepted.

MAIL or FAX the *Complete Application no later than June 30, 2010 to:

Mood Disorders Association of BC

202-2250 Commercial Drive

Vancouver, BC V5N 5P9

Phone: 604-873-0103

Fax: 604-873-3095

email: info@mdabc.net

OR

BC Schizophrenia Society

201-6011 Westminster Hwy.

Richmond, BC V7C 4V4

Phone: 604-270-7841

Fax: 604-270-9861

email: bcss.prov@telus.net

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Application Form

Name: _____ Date of Birth: _____

Address: _____

City _____ Prov _____ Postal Code _____

Phone Number: - -

Email Address: _____

Diagnosis: _____

Current Level of Education (check one):

- Some High School _____
- Completed High School _____
- Trade or vocational school _____
- College certificate or diploma _____
- Undergraduate degree _____
- Graduate degree _____

Name of Education Institution/College/School: _____

Desired Program or Area of Study: _____

Term of Study (please circle): Fall 2010 Jan 2011 Spring 2011

Estimated Education Cost: Tuition _____ Books _____ Other _____

As a recipient, I authorize release of my name and/or likeness to the media to be used, where legal, for publicity purposes.

Signature: _____ Date: _____

2 completed reference forms must accompany this application.

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Reference Form 1

Applicant's Name: _____

Reference Name: _____

Relationship to Applicant: _____

Reference Details: Business Name, Position etc: _____

Address: _____

Phone Number: - -

Email Address: _____

How long have you known the applicant? _____

In what context? _____

Please explain why you support this applicant in a short paragraph below:

Signature: _____

Date: _____

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Reference Form 2

Applicant's Name: _____

Reference Name: _____

Relationship to Applicant: _____

Reference Details: Business Name, Position etc: _____

Address: _____

Phone Number: - -

Email Address: _____

How long have you known the applicant? _____

In what context? _____

Please explain why you support this applicant in a short paragraph below:

Signature: _____

Date: _____