



**Yes2Me Scholarships sponsored by the Otsuka-Lundbeck Alliance and Manitoba Schizophrenia Society**

<b>Scholarship Awards:</b>	Four scholarships of \$1000.00
<b>Application Deadline:</b>	August 31 <sup>st</sup> , 2017
<p>Through the "Yes 2 Me" Scholarship Program, the Otsuka-Lundbeck Alliance and Manitoba Schizophrenia Society are celebrating the efforts of young people living with mental illness by rewarding them with an incentive to pursue their educational goals and confidently build a better self for their bright future ahead.</p>	
<b>Eligibility:</b>	
<p>To be eligible for the scholarship, applicants must:</p> <ul style="list-style-type: none"> <li>• be a resident of Manitoba</li> <li>• be diagnosed with schizophrenia</li> <li>• complete a Scholarship Application package</li> </ul>	
<b>Eligible Programs to which the Scholarship may be applied:</b>	
<p>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:</p> <ul style="list-style-type: none"> <li>• High school equivalency programs</li> <li>• Community college, trade or vocational school programs</li> <li>• Bachelor or graduate degrees</li> </ul> <p>Non-credit, online or home study courses are not eligible.</p>	
<b>Scholarship Award:</b>	
<ul style="list-style-type: none"> <li>• Four scholarships in the amount of \$1000 will be awarded.</li> <li>• The award will be paid directly to the accredited institution for the Eligible Program in the name of the award winner.</li> <li>• The Scholarship will be effective for the Fall 2017 school year only. Applicants must be planning to attend school and be accepted for the Eligible Program during this period.</li> <li>• All information submitted in the Scholarship Application Package is for the selection committee only and will be kept confidential.</li> <li>• The awards will be distributed by Manitoba Schizophrenia Society in partnership with Otsuka Canada Pharmaceutical Inc., and Lundbeck Canada Inc.</li> </ul>	
<b>Criteria:</b>	
<p>Applications will be accepted based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Receipt of a completed Scholarship Application Package including a completed application form which can be found in the package.</li> </ul>	



### **Criteria continued:**

- Proof of residency (e.g., government-issued ID or utility invoice)
- A completed personal reference form from a professional such as a doctor, a mental health professional, a teacher, or an employer. This form is also found in the package.
- A letter describing the applicant's career and study goals and why he or she selected the Eligible Program; the applicant's experiences and how he or she has learned to cope with a mental illness may also be included. Applicants must include the name of the educational institution they plan to attend and the specific courses/programs they are applying for. The letter should be typed and be no more than three double-spaced pages.
- Applications are non-returnable to the applicants. Applications are due by no later than 08/31/2017. All applications will be processed. Award winners will be notified by 09/15/2017 by e-mail or by phone per the contact information provided on the application form. Only the award winners will be notified. Scholarship cheques are made payable to the applicant's chosen accredited eligible institution (i.e, college, university, trade school or recognized educational institute) for the Program and will be mailed to the eligible institution at the address identified on the application form, upon receipt of enrolment confirmation.
- Employees of Otsuka-Lundbeck Alliance and/or Manitoba Schizophrenia Society, and members of the selection committee may not enter the contest.

The Award recipients will also be asked to report the outcome of the educational experience.

#### **A complete Scholarship Application must include all of the following:**

- Completed application form
- Proof of residency (e.g., government-issued ID or utility invoice)
- Reference form
- A letter describing career and study goals and why the applicant selected the Eligible Program

**Incomplete applications will not be considered.**

**Mail, fax or e-mail the complete Scholarship Application, no later than August 31<sup>st</sup>, 2017, to:**

#### **Yes 2 Me Scholarship Program**

Manitoba Schizophrenia Society  
Unit 100, 4 Fort Street, Winnipeg MB R3C 1C4  
Fax: 204-783-4898  
E-mail: [info@mss.mb.ca](mailto:info@mss.mb.ca)

Successful recipients will be notified by email or phone no later than September 8th.





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Application Form			
<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>City:</b>			
<b>Province:</b>		<b>Postal Code:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Diagnosis:</b>			

Current Level of education (please, check one):	
<input type="checkbox"/> Some High School	<input type="checkbox"/> College Certificate or Diploma
<input type="checkbox"/> Completed High School	<input type="checkbox"/> Undergraduate Degree
<input type="checkbox"/> Trade or Vocational School	<input type="checkbox"/> Graduate Degree

<b>Name of chosen accredited institution for the Eligible Program:</b>			
<b>Desired program or area of study:</b>			
<b>Estimated Education Cost:</b>	Tuition:	Books:	Other:

If selected as a recipient of the *Yes2Me Scholarship Award*, I authorize the release of my name and/or likeness to the media to be used by the Sponsors, where legal, for publicity/promotional purposes.

A completed reference form must accompany this application.

**Application Deadline: August 31<sup>st</sup>, 2017**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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Society

Reference Form			
<b>Applicant's Name:</b>			
<b>Reference's Name</b>			
<b>Relationship to Applicant:</b>			
<b>Reference Details (business name, position, etc.)</b>			
<b>Address:</b>			
<b>City:</b>			
<b>Province:</b>		<b>Postal Code:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>How long have you known the applicant?</b>			
<b>In what context?</b>			

Please provide a reference for the above-named applicant and explain why you support this applicant in a short paragraph below:

Signature of reference: \_\_\_\_\_ Date: \_\_\_\_\_

