
DR. E. BRUCE HENDRICK SCHOLARSHIP PROGRAM

Named in honour of

DR. E. BRUCE HENDRICK

as a tribute to his dedication, on-going support and outstanding service to our members.

Established, Supported and Directed by

**THE SPINA BIFIDA & HYDROCEPHALUS ASSOCIATION OF
ONTARIO**

INFORMATION GUIDE

PURPOSE

The Dr. E. Bruce Hendrick Scholarship Program was established:

- to encourage and support students with spina bifida and/or hydrocephalus to develop independence and responsibility for their own future educational directions; and
- to assist students to pursue higher education with the ultimate goal of obtaining a degree, graduate certificate or diploma.

WHERE VALID

The awards are valid at any accredited university or college, technical or trade school, career institute or school of business.

VALUE

Number and amount of awards will be decided on a yearly basis.

DURATION

One academic year.

ELIGIBILITY

Open to Canadian citizens with spina bifida and/or hydrocephalus residing in the province of Ontario.

ADMINISTRATION

The program will be administered by the Spina Bifida & Hydrocephalus Association of Ontario

SELECTION PROCESS

The selection of the award recipients will be made by the Program Advisory Committee. When making its decision, this committee will take into account the applicant's motivation, self-awareness, and goal setting, as well as potential for success.

The Committee (in consultation with the successful applicant) will determine how funds will be paid.

APPLICATION

Applicants must use the current year's application form to qualify. Forms may be obtained from:

**SPINA BIFIDA & HYDROCEPHALUS
ASSOCIATION OF ONTARIO
DR. E. BRUCE HENDRICK
SCHOLARSHIP PROGRAM
16 Four Seasons Place, Suite 111
Toronto, On M9B 6E5
tel: 416-214-1056 or 800-387-1575
fax: 416-214-1446
or on line at
<http://www.sbhao.on.ca>**

The following documents must accompany the completed application:

- 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.

APPLICATION DEADLINE

Last Business Day in April, Annually

Applications received after this time cannot be considered.

NOTIFICATION DEADLINE

Notification of awards will be made in June annually.

OBLIGATION OF RECIPIENTS

- Recipients must enter/attend their chosen academic program in the year of application. Requests for deferment will be considered only in unusual circumstances such as illness.
- Proof of registration must be submitted before the award can be paid out.
- In the event that the student does not complete the academic program, he/she must submit documentation stating the reasons for his/her inability to complete the proposed course load.