



THE LUCIANA SPRING MASCARIN BURSARY PROGRAM  
2018 MEDICAL ASSESSMENT FORM

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

SECTION ONE:  
TYPE AND EXTENT OF APPLICANT'S DISABILITY

PRIMARY DIAGNOSIS:

- Spina Bifida only*       *Hydrocephalus only*       *Spina Bifida & Hydrocephalus*

EXTENT:

\_\_\_\_\_  
\_\_\_\_\_

SECTION TWO:  
EVALUATION OF APPLICANT'S FUNCTIONAL DISABILITY IN RELATION TO HIS/HER ABILITY TO  
UNDERTAKE THE PROPOSED PROGRAM OF STUDY

EVALUATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF DOCTOR \_\_\_\_\_

ADDRESS OF DOCTOR \_\_\_\_\_

DOCTOR'S SIGNATURE \_\_\_\_\_

This form is not required if you have submitted one with a previous year's application unless your medical information has changed significantly.

This form may be enclosed with the completed scholarship application or may be sent under separate cover to: Bursary Committee, Spina Bifida and Hydrocephalus Association of Ontario at the address below. All application materials must be received at the Spina Bifida and Hydrocephalus Association of Ontario offices by the **last business day of March, Annually.**

Spina Bifida & Hydrocephalus Association of Ontario

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