



**LUCIANA SPRING MASCARIN
BURSARY PROGRAM**

**Named in honour of
Luciana Spring Mascarin**

2023 APPLICATION FORM

**Only Windsor-Essex & Chatham-Kent area residents
are eligible to apply for this bursary.**

This is an application form for a bursary administered by Hydrocephalus Canada. To ensure that you will be considered for this bursary, please answer all of the questions carefully. All information supplied on this form will be considered by the Bursary committee. Falsification of any information will result in automatic rejection of the application.

Forward two copies of the completed application form by **the last business day in March annually** to:

**HYDROCEPHALUS CANADA
Luciana Spring Mascarin Bursary Program
16 Four Seasons Place, Suite 111
Toronto, Ontario M9B 6E5
email: info@hydrocephalus.ca
fax: 416-214-1446**

If you fax or e-mail 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, college 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

Two copies of this application form plus the following documents must be received in the Hydrocephalus Canada Offices by **the last business day of March Annually.**

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

- Academic transcript (include the most recently completed semester)
- The medical assessment form (not required if you have previously applied unless your situation has changed)

Applications received after the last business day of March cannot be considered.

I affirm that the information in this application is correct and complete.

Date:

Signature: