



Championing Spina Bifida  
& Hydrocephalus Communities

## LUCIANA SPRING MASCARIN BURSARY PROGRAM

Named in honour of  
Luciana Spring Mascarin

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### 2026 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 the completed application form and supporting documents by **March 31, 2026** to:

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

Please print or type all information.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## **The Luciana Spring Mascarin Bursary Program**

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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.

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Proposed course of study:

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State your future educational and career objectives.

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Name other scholarships or bursaries which you expect to receive this year or for which you have applied, this year.

		<b>will receive</b>	<b>have applied</b>
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: _____

## **The Luciana Spring Mascarin Bursary Program**

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Estimate the total cost of your education for the next year.

Tuition \_\_\_\_\_ Residence \_\_\_\_\_

Books \_\_\_\_\_ Travel \_\_\_\_\_

Specialized Equipment/Services \_\_\_\_\_

Other (specify) \_\_\_\_\_

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Are you receiving:

**YES**      **NO**

Ontario Disability Support Benefits           

Student Loans/Grants           

Have you applied for:

**YES**      **NO**

Ontario Disability Support Benefits           

Student Loans/Grants           

State how you expect to finance your education:

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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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## **The Luciana Spring Mascarin Bursary Program**

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Co-op Placements:

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Work Experience Program:

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Mandatory Volunteer Work (eg. 40 hours for high school graduation):

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Other Volunteer Work:

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List your hobbies and special interests.

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**IMPORTANT**

This application form plus the following documents must be received in the Hydrocephalus Canada Offices by **March 31, 2026**.

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

**Applications received after March 31, 2026, cannot be considered.**

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

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Date:

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Signature: