



## **MOVING LIVES FORWARD Application Guidelines 2008-2009**

Funded by the Health Care Foundation & Eli Lilly Canada

The Health Care Foundation, in partnership with Eli Lilly Canada, funds a series of scholarships to benefit mental health consumers in Newfoundland and Labrador who use the services of Eastern Health's Mental Health Program (St. John's hospitals.)

We recognize the therapeutic value of education and seek to assist people who wish to take a course offered by a post-secondary institution. The scholarship, valued up to \$500 each, will be allocated for tuition and books/materials for one course. Applicants will be responsible for enrollment and registration fees.

Selection will be made by the Scholarship Fund Committee based on therapeutic value to the applicant, financial need and scholastic aptitude. The Committee will meet at least three times per year to review applicants. All applications will be kept confidential.

### **The yearly application deadlines are:**

November 1st

Winter Semester

April 1st

Spring/Summer Semester

August 1st

Fall Semester

## **WHO IS ELIGIBLE TO APPLY?**

The fund is open to anyone in Newfoundland and Labrador who has been diagnosed with a mental illness and is receiving medical treatment for their illness from Eastern Health's Mental Health Program (St. John's hospitals and programs.)

## **HOW DO I APPLY?**

Please call 777-5901 to obtain an application form. Please complete section A (Applicant Information Form) and forward this and Section B (Reference Form) to a clinical staff person who can provide a reference for you. This staff person will then forward the entire application form to:

Moving Lives Forward Scholarship Fund  
c/o Health Care Foundation  
190 LeMarchant Road  
St. John's, NL A1C 2H6

or fax to 777-5903

## **HOW OFTEN MAY I APPLY FOR FUNDING?**

Applicants may apply for funding for more than one semester in a calendar year but preference may be given to individuals who have not already received funding.

## **WHAT COURSES ARE ELIGIBLE?**

Courses must be taken from an accredited post-secondary training institution. Funding considerations will be given to credit-earning courses, and self-development/personal interest courses, or non-credit courses needed for completion of a specific program.

## **WHEN WILL I KNOW IF I HAVE BEEN SELECTED?**

The Scholarship Committee will review applications and a decision will be made within two weeks following the deadline. All applications will be notified in writing of the decision by the chairperson.

## **WHAT HAPPENS IF I AM SELECTED FOR FUNDING?**

Selected applicants will be contacted by a representative of the Health Care Foundation to confirm the registration and textbook costs, and to make payment arrangements. If an applicant wishes to be considered for future funding, he or she must submit proof of course completion and the grade issued for the scholarship previously awarded.



## MOVING LIVES FORWARD Scholarship Application Form 2008-2009

**NOTE TO THE APPLICANT:** Please complete the Applicant Information Form (Section A). Forward this form, plus the Reference Form (Section B), to a clinical staff person employed by Eastern Health (St. John's adult hospitals) who was, or is, assigned to you.

**The staff person will complete Section B and he/she will send both sections of your application form to the Scholarship Fund Committee.**

### SECTION A: APPLICANT INFORMATION FORM (please print clearly)

**NAME:** \_\_\_\_\_  
First Name Last Name

**ADDRESS:** \_\_\_\_\_  
Street Address Apartment #

\_\_\_\_\_  
City, Province Postal Code

**TEL#:** \_\_\_\_\_  
Home Work

For Office Use Only Reference #: \_\_\_\_\_

Name of the post-secondary institution you plan to attend:

\_\_\_\_\_

Name of the course you plan to take:

\_\_\_\_\_

What is the tuition fee for this course (HST included)? \$ \_\_\_\_\_

What is the textbook cost for this course? \$ \_\_\_\_\_

Semester for which you seek funding (Please check one):

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year 20 \_\_\_\_\_

Course Registration Deadline: \_\_\_\_\_, 20\_\_\_\_\_

Have you applied to another source of funding to take this course? \_\_\_\_\_

If yes, please give details of the type of funding, and indicate if awarded:

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

Have you ever received a Moving Lives Forward Scholarship? \_\_\_\_\_

If yes, please indicate when you received funding: \_\_\_\_\_

For Office Use Only Reference #: \_\_\_\_\_





Section B continued...

In your professional opinion, how would this applicant benefit from taking the post-secondary course requested? Would you recommend him/her to the Scholarship Committee for funding? Please elaborate:

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Signature

PLEASE FORWARD THIS APPLICATION (SECTION A & B) TO:

Moving Lives Forward Scholarship Fund  
c/o Health Care Foundation  
190 LeMarchant Road  
St. John's, NL A1C 2H6

Fax: (709) 777-5901

If you require additional information or applications, please call 777-5901.

For Office Use Only Reference #: \_\_\_\_\_