



Scholarship Program sponsored by  
 Otsuka Canada Pharmaceutical Inc.,  
 Lundbeck Canada Inc. and The Schizophrenia Society of  
 Canada (the “Sponsors”)

<b>Scholarship Awards:</b>	45 scholarships of \$1000.00
<b>Application Deadline:</b>	<b>11/30/2015</b>

Young people today are faced with many challenges. Managing a mental illness such as schizophrenia throughout these years is an added challenge.

Through the "Yes 2 Me" Scholarship Program, the Otsuka-Lundbeck Alliance and the Schizophrenia Society of Canada are celebrating the efforts of young people living with mental illness by rewarding them with an incentive to pursue their educational goals and confidently build a better self for their bright future ahead.

**Eligibility:**

To be eligible for the scholarship, applicants must:

- be a resident of Canada;
- be diagnosed with schizophrenia;
- complete a Scholarship Application package. Please see criteria below.

**Eligible Programs to which the Scholarship may be applied:**

The Scholarship offers financial assistance for a wide range of educational opportunities in which students work to attain a certificate, diploma or degree from an accredited institution, such as:

- High school equivalency programs
- Community college, trade or vocational school programs
- Bachelor or graduate degrees

**Non-credit, online or home study courses are not eligible.**

**Scholarship Award:**

45 scholarships in the amount of \$1000 will be awarded as follows:

- 1 in Newfoundland and Labrador
- 1 in Nova Scotia
- 1 in New Brunswick
- 1 in Prince Edward Island
- 10 in Québec
- 16 in Ontario
- 1 in Manitoba
- 1 in Saskatchewan



Scholarship Program sponsored by  
Otsuka Canada Pharmaceutical Inc.,  
Lundbeck Canada Inc. and The Schizophrenia Society of  
Canada (the “Sponsors”)

- 5 in Alberta
- 6 in British Columbia
- 2 for students who are from the NIHB
  
- The award will be paid directly to the accredited institution for the Eligible Program in the name of the award winner.
- The Scholarship will be effective for the Fall/Spring 2015–2016 school year only. Applicants must be planning to attend school and be accepted for the Eligible Program during this period.
- All information submitted in the Scholarship Application Package is for the selection committee only and will be kept confidential.
- The awards will be distributed by the Schizophrenia Society of Canada in partnership with Otsuka Canada Pharmaceutical Inc., and Lunbeck Canada Inc.

#### **Criteria:**

Applications will be accepted based on the following criteria:

- Receipt of a completed Scholarship Application Package including a completed application form which can be found in the package.
- Proof of residency (e.g., government-issued ID or utility invoice)
- A completed personal reference form from a professional such as a doctor, a mental health professional, a teacher, or an employer. This form is also found in the package.
- A letter describing the applicant’s career and study goals and why he or she selected the Eligible Program; the applicant’s experiences and how he or she has learned to cope with a mental illness may also be included. Applicants must include the name of the educational institution they plan to attend and the specific courses/programs they are applying for. The letter should be typed and be no more than three double-spaced pages.
- Applications are non-returnable to the applicants. Applications are due by no later than 11/30/2015. All applications will be processed. An independent random draw will be conducted on 12/15/2015 by the applicable provincial schizophrenia societies’ selection committee. Award winners will be notified by 12/15/2015 by e-mail or by phone per the contact information provided on the application form. Only the award winners will be notified. Scholarship cheques are made payable to the applicant’s chosen accredited eligible institution (i.e, college, university,





Scholarship Program sponsored by  
Otsuka Canada Pharmaceutical Inc.,  
Lundbeck Canada Inc. and The Schizophrenia Society of  
Canada (the “Sponsors”)

- trade school, or recognized educational institute) for the Program and will be mailed to the eligible institution at the address identified on the application form.
- Employees, representatives or agents of Otsuka-Lundbeck Alliance and/or the Schizophrenia Society of Canada, members of the selection committee and the persons with whom they are domiciled may not enter the contest.

The Award recipients will also be asked to report the outcome of the educational experience.

**A complete Scholarship Application must include all of the following:**

- Completed application form
- Proof of residency (e.g., government-issued ID or utility invoice)
- Reference form
- A letter describing career and study goals and why the applicant selected the Eligible Program

**Incomplete applications will not be considered.**

**Mail, fax or e-mail the complete Scholarship Application no later than 11/30/2015 to:**

**Yes 2 Me Scholarship Program**  
Schizophrenia Society of Canada  
100 - 4 Fort Street  
Winnipeg, MB R3C 1C4

Fax: 204-783-4898

**E-mail: [scholarships@schizophrenia.ca](mailto:scholarships@schizophrenia.ca)**

Notice to be provide by email or phone.





Scholarship Program sponsored by  
Otsuka Canada Pharmaceutical Inc.,  
Lundbeck Canada Inc. and The Schizophrenia Society of  
Canada (the "Sponsors")

**Application form**

<b>Name:</b>		<b>Date of birth:</b>	
<b>Address:</b>			
<b>City:</b>			
<b>Province</b>		<b>Postal code</b>	
<b>Phone:</b>		<b>E-mail:</b>	
<b>Diagnosis:</b>			

**Province of Residency (check one):**

<input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Ontario
<input type="checkbox"/> Nova Scotia	<input type="checkbox"/> Manitoba
<input type="checkbox"/> New Brunswick	<input type="checkbox"/> Saskatchewan
<input type="checkbox"/> Prince Edward Island	<input type="checkbox"/> Alberta
<input type="checkbox"/> Quebec	<input type="checkbox"/> British Columbia

I identify as a First Nations or Inuit person, and I am covered under the Non-Insured Health Benefits (NIHB) program.

**Current level of education (check one):**

- |                                                     |                                                         |
|-----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Some high school           | <input type="checkbox"/> College certificate or diploma |
| <input type="checkbox"/> Completed high school      | <input type="checkbox"/> Undergraduate degree           |
| <input type="checkbox"/> Trade or vocational school | <input type="checkbox"/> Graduate degree                |

<b>Name of chosen accredited institution for the Eligible Program:</b>			
<b>Desired program or area of study:</b>			
<b>Term of study (please circle):</b>	Fall 2015	Winter 2016	Spring 2016





Scholarship Program sponsored by  
Otsuka Canada Pharmaceutical Inc.,  
Lundbeck Canada Inc. and The Schizophrenia Society of  
Canada (the "Sponsors")

<b>Estimated education cost:</b>	Tuition:	Books:	Other:
----------------------------------	----------	--------	--------

*If selected as a recipient of the Scholarship Award, I authorize the release of my name and/or likeness to the media to be used by the Sponsors, where legal, for publicity/promotional purposes.*

**A completed reference form must accompany this application.**

**Application deadline: 11/30/2015**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Scholarship Program sponsored by  
Otsuka Canada Pharmaceutical Inc.,  
Lundbeck Canada Inc. and The Schizophrenia Society of  
Canada (the "Sponsors")

**Reference form**

<b>Applicant's name:</b>			
<b>Reference's name:</b>			
<b>Relationship to applicant:</b>			
<b>Reference details</b> (business name, position, etc.):			
<b>Address:</b>			
<b>City:</b>			
<b>Province</b>		<b>Postal code</b>	
<b>Phone:</b>		<b>E-mail:</b>	
<b>How long have you known the applicant?</b>			
<b>In what context?</b>			
<b>Please provide a reference for the above-named applicant and explain why you support this applicant in a short paragraph below:</b>			

Signature of reference: \_\_\_\_\_ Date: \_\_\_\_\_

