



Yes2Me Scholarship Application Form

All scholarships are sponsored by
the Otsuka-Lundbeck Alliance
and the BC Schizophrenia Society

Application Form

Name:		Date of Birth:	
Address:			
City:			
Province:		Postal Code:	
Phone:		Email:	
Diagnosis:			

Current Level of education (please, check one):	
<input type="checkbox"/> Some High School <input type="checkbox"/> Completed High School <input type="checkbox"/> Trade or Vocational School	<input type="checkbox"/> College Certificate or Diploma <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree

Name of chosen accredited institution for the Eligible Program:			
Desired program or area of study:			
Estimated Education Cost:	Tuition:	Books:	Other:

If selected as a recipient of the *Yes2Me Scholarship Award*, I authorize the Sponsors to contact me about for potential publicity and promotional purposes.

A completed **Reference Form** must accompany this application.

Signature: _____ Date: _____



