# **DNSCSFA APPLICATION FORM**



This scholarship is open to any suitable Canadian citizen living with Sickle Cell Disease and who is enrolled in a recognized degree, diploma or certificate program. The scholarship may vary according to available funds. To be considered eligible for this scholarship, your application must be submitted between February 1st and March 30th, of the academic year beginning in September of that year, to info@dnscscholarship.com.

### Eligible Candidate Checklist:

Include course(s) start

Provide copy of academic transcript from current/previous academic institution.

Provide 2 letters of reference from reputable persons or organizations.

Provide proof of citizenship.

Agree to serve as a member of the DNSCS committee the following year.

Must have Sickle Cell Disease.

#### SECTION #1 - PERSONAL INFORMATION

ITON #1 - PERSONAL INFORMATION
First Name
Last Name
Address
Town/City
Province
Postal Code
Home Telephone
Mobile Phone
E-mail Address

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## **SECTION #2 - COURSE INFORMATION**

Name of Course	
College/University	
Start Date	End Date
Course Type	
SECTION #3 - EDUCATIONAL EXPENSES	
Tuition (\$)	
Travel (\$)	
Books(\$)	
Other (\$)	
Total (\$)	

**SECTION #4 - COMMITTEE/VOLUNTEER INVOLVEMENT** 

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### **SECTION #5 - ACADEMIC HISTORY**

DEGREE/CERTIFICATE	INSTITUTION	START AND END DATES
Have you applied for/received fund	ing from other sources (if ye	es, please specify):
In order to process your application information. Failure to do so could information is currently unavailable outstanding information before the	result in your application be e, please note that you will b	ing rejected. If the
<ul> <li>Provide 2 letters of refe</li> </ul>	erence from reputable persor	ns or organizations.

incomplete information submitted in support of my application may result in rejection.

• Acceptance letter from academic institution that you applied to.

I certify that the above information is true and accurate. I understand that any false or

SIGNATURE: DATE: mmm-dd-yyyy

• Proof of citizenship