



Eli Lilly “Moving Lives Forward”
Scholarship
Application Form

The following information is for use by the selection committee only.

Name:

Address:

Phone number/ email address:

Diagnosis:

Current level of Education:

- Some High School
- Completion of High School
- Trade or Vocational School
- Undergraduate degree (please list)
- Graduate degree (please list)

Proposed Program: (ex. High School, Vocational Program, College, University)

Desired Program or Area of study:

Estimated Cost:

If selected, do you consent to having your name publicized? Yes/No

Signature of applicant: _____

Date: _____

Deadline for application: **August 15th, 2011**

Submit completed application, personal letter and 2 recommendations to:

*Schizophrenia Research Foundation
Box 305 – Station main
Regina, Sk – S4P 3A1
306-584-2620*