

Yes2Me Scholarships sponsored by the Otsuka-Lundbeck Alliance with Schizophrenia Society of Saskatchewan

Scholarship Awards Number & Amounts: One - \$1000 award **Application Deadline:** FALL: September 1, 2025 OR

WINTER: December 1, 2026

Through the "Yes2Me" Scholarship Program, the Otsuka-Lundbeck Alliance and Schizophrenia Society of Saskatchewan 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 Saskatchewan
- be diagnosed with schizophrenia or bipolar 1
- complete a Scholarship Application package
- be at least 18 years old on the first day of the program to be attended

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:

- 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 2025 OR the Winter 2026 school terms 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 award will be granted by Schizophrenia Society of Saskatchewan.





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 no later than September 1, 2025 for the Fall term OR December 1, 2025 for the Winter Term. All applications will be processed. The award winner will be notified by September 15, 2025 for the Fall Term OR December 20, 2025 for the Winter Term by e-mail or by phone per the contact information provided on the application form. Only the award winner will be notified. Scholarship cheques are made payable to the applicant's chosen accredited eligible institution (i.e., college, university, 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, upon receipt of enrolment confirmation.
- Employees of Otsuka-Lundbeck Alliance and/or Schizophrenia Society of Saskatchewan, and members of the selection committee may not apply for the scholarship.

The award recipient 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







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Application Form								
Name:				Date of Birth	n:			
Address:								
City:								
Province/Territory:				Postal Code):			
Phone:			Email:		·			
Diagnosis:								
Current Level of education (please, check one):								
☐ Some High Scho		☐ College Certificate or Diploma						
☐ Completed High		☐ Undergraduate Degree						
☐ I rade or vocation	e or Vocational School							
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 <i>Yes2Me Scholarship Award</i> , 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: FALL: September 1, 2025; WINTER: December 1, 2025								
Signature:	Date:							







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Applicant's Name:								
Reference's Name:								
Relationship to Applicant:								
Reference Details (business name, position, etc.):								
Address:								
City:								
Province:				Postal Code:				
Phone:			Email:					
How long have you kn	ant?							
In what context?								
Please provide a reference for the above-named applicant and explain why you support this applicant in a short paragraph below:								
and approximation of the agreement of th								
Signature of reference:			Date:					

Reference Form



