



Saskatchewan Division
 150 Albert Street; Regina, SK S4R 2N2
 Phone: (306) 522-5600
 Toll-free: 1-800-268-7582
 Facsimile: (306) 565-0477

Please Print

Forden Memorial Scholarship

Complete and send application to:

Forden Scholarship Committee
 c/o Multiple Sclerosis Society of Canada
 150 Albert Street; Regina, SK S4R 2N2

Applications due: August 31, 2018

Be sure to enclose supportive information.

What is your personal relationship to MS?

- You are a person with MS*
- Your Spouse/ Partner has MS
- Mother/ Father has MS
- Daughter/ Son has MS
- Brother/ Sister has MS
- Other: _____

Name: _____

Home Address: _____

City/Town: _____ **Postal Code:** _____

Phone: _____ **SIN #:** _____

School Year Address: _____

City/Town: _____ **Postal Code:** _____

Phone: _____ **Other:** _____

E-mail Address: _____

School of Study: _____

City/Town: _____ **Province:** _____

Duration of Study (minimum of 2 years to qualify): _____

Do you have dependents? Yes No **Are they living with you?** Yes

Please check one that applies to you: 1 dependent only 2 3 or more

Course of Study Taken: _____

Other Scholarships and/or Bursaries that you have received or will be receiving with respect to the upcoming school year—please list:

Academic Goals—please outline what degrees, diplomas or certificates you intend to obtain:

What was your academic standing in the last school term?

- > 80%
- 70-79% **Be sure to enclose an official transcript of your*
- 50-69% *most recent academic grades.*

Will you be working while attending school? Yes No

Are there other post-secondary students in your household? If so, their relationship to you is?

Are you a person with a disability? If yes, describe:

Please list the extracurricular activities and volunteer experience, that you feel have been the most noteworthy over the past two years (use separate sheet if necessary):

Release of Personal Information

PRIVACY STATEMENT

The MS Society of Canada collects the personal information requested on the scholarship application form for the purpose of determining suitable scholarship recipients. By completing the Release of Information form, you hereby consent to the collection, use and disclosure by the MS Society of your personal information and/or image in accordance with the MS Society privacy policy. Disclosure of personal information and/or images may include, but is not limited to, committees, members and the general public via public presentation, print materials, media releases and our website. A copy of our privacy policy may be obtained at www.mssociety.ca or from the Saskatchewan Division Office.

RELEASE OF INFORMATION

I, _____ hereby give my permission to the Multiple Sclerosis Society of Canada to release pertinent personal information and/or my image for the purpose of this application.

Dated at _____, in the province of _____, this ____ day of _____, in the year 2018.

Signature of applicant: _____

Checklist:

- Application Form
- Supplemental Documents:
 - official transcript of most recent academic grades
 - two letters of reference
 - personal photo—*optional*
- Resume attached—*optional*

*A **VOID Check** or **EFT Form** (issued from your bank) must be submitted with each application. If you are selected funds will be paid to you via Electronic Funds Transfer (EFT).*

Deadline to return applications is August 31, 2018, to:

MS Society of Canada
150 Albert Street, Regina, SK S4R 2N2
Attention: Laurie Murphy

Please sign your application:

signature of applicant

date

Recipients of the scholarship must claim the money as earned income in the year money is received. T4-A Form will be generated for recipients to assist in income tax preparation.