



SCAGO

Sickle Cell Awareness Group of Ontario

Sickle Cell Awareness Group of Ontario formerly known as Seed of Life Philanthropic Organization presents: The Sunday Afolabi Scholarship Bursary for the 2012 Academic Year. Please review carefully and be sure the following are included in/with your scholarship application.

- A proof of Canadian citizenship or permanent residency.
 - A proof that Individual is living with Sickle Cell Anemia. Please provide proof s such as doctor's note.
 - Should be enrolled in a fulltime degree or diploma program (university or college) at least by September 2012.
 - Strong demonstration of financial need.
 - Recognized contribution within your community.
 - A completed application form (photocopied forms are acceptable).
 - A letter describing the reasons why you would be a worthy recipient of the grant- Include contribution to community, any volunteer activities, your academic achievements, most important accomplishments and future goals.
 - A brief outline of your budget for the academic year including information on your expected sources of funding (e.g. student loan, parents, etc).
 - Two letters of reference from the two individuals named in your application. One must be a teacher from your college or university. The other must be from an individual, other than your teacher, who is familiar with your community service.
 - An up to date official transcript.
 - Two passport size photos (once submitted will be property of SCAGO.).
 - Application form must include photocopies of two picture identifications.
 - Applications must be received at our address no later than March 14th, 2012.
 - Scholarship winners will be notified by April 22nd, 2012.
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- Sickle Cell Awareness Group of Ontario wishes to extend heartfelt thanks and best wishes to all applicants for their interest in the Sunday Afolabi Scholarship Grant for the 2012 academic year

Completed forms should be mailed to:

Sickle Cell Awareness Group of Ontario 415 Oakdale Rd, Unit 235. North York, ON. M3N 1W7

The Sunday Afolabi Scholarship Grant Form-2012 School Year

Full Name:
Male Female Date of Birth ()
Status in Canada: Canadian Citizen Permanent Resident
College/University Student Number (if available)
Permanent Address:
Home Phone Number: ()
Name of educational institution which you are currently attending: (College, University)
Status of Study: What level will you be by September 2012?
Address of educational institution named above
Year of graduation (if applicable)
Program of Study
Career Goals

References (the two individuals listed should each provide a letter of reference)	
1. Name:	Telephone ()
This individual must be a teacher at the institution which you are currently enrolled or from which you recently graduated	
2. Name:	Telephone ()
This individual must be able to describe your involvement and contribution in the community	
I certify that the above information is accurate and complete, and understand that any false or incomplete information may invalidate my candidacy. I accept that scholarship decisions may only be made by the Board of Directors of SCAGO and agree to the public release of my name and photograph should I be awarded a scholarship. I also agree that scholarship funds will only be granted to me if I am enrolled as planned in an educational institution in the fall, and that such funds may be disbursed by SCAGO.	
Signature of Applicant	Date: