



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 2015 Academic Year. Please review carefully and be sure the following are included in or with your scholarship application.

- A proof of Canadian citizenship or permanent residency.
 - Individual living with Sickle Cell Anaemia. Please provide proof such as doctor's note.
 - Should be enrolled in a fulltime degree or diploma program (university or college) at least by September 2015.
 - 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 above address no later than April 20th, 2015
 - Scholarship winners will be notified by April 30th, 2015.
- 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 **2015** academic year.

Sickle Cell Awareness Group of Ontario

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www.sicklecellanemia.ca. E-mail: info@sicklecellanemia.ca

The Sunday Afolabi Scholarship Grant Form-2015 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: ()		
Social Insurance Number		
Name of educational institution which you are currently attending: (College, University)		
Status of Study: What level will you be by September 2015?		
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 enrolled as planned in an educational institution in the Fall of 2015 and that such funds may be disbursed by SCAGO		
Signature of Applicant		Date: