



SCHIZOPHRENIA
SOCIETY OF NOVA SCOTIA
A REASON TO HOPE, THE MEANS TO COPE.

APPLICATION

12th Annual Janine Williams Memorial Bursary

Application Deadline: August 30th 2020

Introduction

In partnership with Cole Harbour-Eastern HRM Community Mental Health, the Schizophrenia Society of Nova Scotia awards the *Janine Williams Memorial Bursary*, valued at \$1000.00, to an individual living with a mental illness who is embarking on or pursuing some form of learning through formal education or life skills development. The tenth annual *Janine Williams Memorial Bursary* will be awarded in October 2020.

While the *Janine Williams Memorial Bursary* will directly support a person to pursue educational and life development endeavours, it may also give encouragement to others considering embarking on or continuing their education/learning goals.

The *Janine Williams Memorial Bursary* is supported through family and private donations.

Ms. Janine Williams



Ms. Janine Williams, a community mental health nurse employed by Cole Harbour-Eastern HRM Community Mental Health, passed away suddenly and unexpectedly in April 2006. Ms. Williams was a generous person, a true loving spirit. She was a strong advocate for those living with persistent and severe mental illness ... she gave 120% to her work.

Ms. Williams believed in life-long learning and it is with that in mind that the *Janine Williams Memorial Bursary* was established.

Eligibility

Applicants for the *Janine Williams Memorial Bursary* **must**:

1. live in the communities of the Nova Scotia Health Authority, [Central Zone](#) (Zone 4);
2. live with a mental illness; and
3. be embarking on or pursuing some form of learning through formal education or life skills development.

Recognition of *Janine Williams Memorial Bursary* recipient

The recipient of the *Janine Williams Memorial Bursary* must agree to have their name publicized.

The *Janine Williams Memorial Bursary* offers financial assistance for the following:

- Registration or tuition fees
- Course related text books and materials
- Other necessities to support your educational / life development goals (transportation, tutoring, etc.)

Eligible programs or courses include:

- High School equivalency programs
- Community College, Trade School programs
- University programs
- Other educational / life development programs

***Janine Williams Memorial Bursary* criteria:**

1. Applications must be completed in full.
2. Applicants must include a written letter of reference from a community or support person, other than family or friends, who has known the applicant for at least one year. The letter must include a statement as to why this person supports your application (please see attached *Letter of Reference Form*).
3. The application **must** be received by the Schizophrenia Society of Nova Scotia by **Friday Aug 30th 2020**.
4. Applicants must enclose a confirmation of enrolment from an educational institution, school, or life development program (i.e. confirmation letter from registrar, school, or program stating applicant's name, course description, and dates).
5. Incomplete applications or applications received after the deadline date (Friday, August 30th 2020) will not be considered.

Janine Williams Memorial Bursary amount:

- The successful applicant will be awarded \$1000.00

Who assesses the Janine Williams Memorial Bursary applications?

The Board of Directors of the Schizophrenia Society of Nova Scotia will review all eligible applications. All applicants will be notified by mail or email of the decision by **October 15th, 2020**. The decision(s) of the Board of Directors of the Schizophrenia Society of Nova Scotia cannot be appealed.

Further information concerning the Janine Williams Memorial Bursary can be obtained by contacting:

Schizophrenia Society of Nova Scotia
5571 Cunard Street Unit 101
Halifax, Nova Scotia
B3K 1C5

Phone: (902) 465-2601

Tollfree (Nova Scotia): 1-800-465-2601

Fax: (902) 465-5479

Email: contact@ssns.ca

Facebook: <https://www.facebook.com/schizophrenia.society.ns>

Submission of application:

The completed application form, along with one letter of reference and a confirmation of enrolment, must be *emailed, mailed, faxed, or delivered* to our provincial office at the address above, to arrive no later than **Friday August 30th 2020**.

Disclaimers:

1. The *Janine Williams Memorial Bursary* recipient will be responsible for claiming money received from the *Janine Williams Memorial Bursary* on their tax returns. Recipients will receive a letter from the Schizophrenia Society of Nova Scotia documenting the bursary amount and the recipient's name. The letter may be used for tax purposes.
2. All information received from the applicant in connection with this application is confidential and will be maintained as per the requirement under the *Personal Information Protection and Electronic Documents Act*.
3. The Board of Directors of the Schizophrenia Society of Nova Scotia reserves the right to request verification of the use of grant funds (e.g., receipts).

For Schizophrenia Society of Nova Scotia Use Only:

Date Application Received: _____

Janine Williams Memorial Bursary Application Form – 2020

Deadline for Applications: Friday August 30th 2020.

APPLICATION MUST BE COMPLETED IN FULL

Name: _____ Telephone: _____

Address: _____

Email Address: _____

Are you an individual who lives with a mental illness?

Yes:

No:

Please select all that apply:

- I would like the Schizophrenia Society of Nova to respond to me through email.
- I would like the Schizophrenia Society of Nova to respond to me through regular mail.
- It is **mandatory** that you check this box consenting to have your name publicized for the purpose of acknowledging receipt of this award.

School, course, or program you will be attending:

Name of educational institution, school, or program? _____

Address: _____

What course or program are you enrolled in? _____

What is the length of the course or program? _____

(Please attach course or program information if it is available).

Applicants must provide confirmation of enrolment from the educational institution or program. Examples of such confirmation are a letter from the school or program, a receipt, a student ID card, etc.

- Type of confirmation of enrolment attached is: _____
- Confirmation of enrolment is not yet available. It will be provided at a later date prior to receiving grant funds.

Please explain how will your life be enhanced by this course and/or how this course will help you to acquire the education and skills you desire in order to achieve your short and long-term goals?

What will you use the *Janine Williams Memorial Bursary* for? _____

What is the total cost of taking this course? _____

Name and Contact Information for Your Reference:

You are to provide the name, address, telephone number, and email (if available) of your reference below. **You are also required to sign and date your application below.** Your reference can be a community or support person, other than family or friends, who has known you for at least one year. (You must also arrange for the submission of a written letter of reference from this person; please give them the *Letter of Reference Form* on the next page)

Name: _____

Address: _____

Telephone: _____ Email: _____

Your signature: _____ **Date:** _____

APPLICATIONS MUST BE RECEIVED BY
Friday August 30th 2020.

Please provide this form to your reference for their completion.

Letter of Reference Form

Janine Williams Memorial Bursary

Applicant's Name: _____

Reference's Name: _____

Reference's Address: _____

Reference's Telephone/Email: _____

Reference's Relationship to Applicant: _____

Please note that letters of reference cannot be given by family or friends.

How many years have you known the applicant? _____

Please tell us why you support this person's application: (please use additional pages if required)

Reference's Signature: _____ Date: _____

Please *email, mail, or deliver* this letter of reference by **Friday August 30th 2020**, to:

Schizophrenia Society of Nova Scotia
5571 Cunard Street Unit 101
Halifax, Nova Scotia
B3K 1C5

Phone: (902) 465-2601

Email: contact@ssns.ca