**Louise Paisley Memorial Bursary Application**

$500.00 to be awarded to student with a bleeding disorder or family of a person with bleeding disorder enrolled in a post secondary education program.

Eligibility Criteria

Student enrolled in a post secondary education program

Student could be:

* Diagnosed with a bleeding disorder
* Family of a person diagnosed with a bleeding disorder
* Family is defined as siblings, children, parents or grandparents of a person diagnosed with a bleeding disorder

Student must be a member of Hemophilia Saskatchewan

Bursary Application must include:

* Current resume
* Transcript of high school marks if applicable
* Current Transcript of post secondary institute
* Acceptance letter to post secondary institute
* 2 letters of reference

Personal Information:

Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_

Bleeding disorder diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Family Member with diagnosed bleeding disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Check one: \_\_\_\_\_\_\_Sibling \_\_\_\_\_\_\_\_\_Parent \_\_\_\_\_\_\_\_Grandparent
* Bleeding disorder diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Information:

Name of Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Program Complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bursary will be reviewed annually in and this year the application deadline is November 30 of the current year. Successful applicants will be notified within 4 weeks of review.

**Declaration:**

I certify that all the above statements made by me are true. If it is found that I have given false information in this application, such falsification will constitute full and sufficient grounds for rejection of this application.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit application and supportive documentation to:

Hemophilia Saskatchewan

2366 Ave. C North

Saskatoon, Saskatchewan

S7L 5X5