



Joanne Lussier – Ring Post-Secondary Education Scholarship

Joanne Lussier-Ring Post-Secondary Scholarship for students with FASD is named in recognition of Ms. Ring's many years of dedication and work with such students.

The Lakeland Centre for FASD recognizes your significant achievement: graduating from High School and wanting to attend a post-secondary program. Successful Applicants will receive \$500, to be applied to tuition, books or supply costs of the Trade, Community College or University program.

Eligible students must be:

- ① Diagnosed with an FASD
- ② Living in the LCFASD Service area at the time of Graduation
- ③ Currently in Grade 12 in a LCFASD Service Area High School
- ④ Planning to attend a post-secondary program

Please print your answers clearly. If the application cannot be read it will be returned to you. It is preferred that you, the student, complete the application, with help if required.

Return the Application Package to the LCFASD, in person, by mail or fax [see above] or email to admin@lcfasd.com with Scholarship Application in the subject line.

Please use this checklist to ensure you have included everything:

- ① Application Form
- ③ Copy of Acceptance Letter from post-secondary school
- ④ Letter of Reference [in a sealed envelope]
 - ⇒ From a teacher, guidance counsellor, minister or other important person involved in your life, but not a family member
- ⑤ Signatures

Successful Applicants will be notified by letter of their Scholarship.

If you have any questions, please speak with your FASD Coordinator.

APPLICATION DEADLINE: JULY 31

The Scholarship winner will be required to provide the Scholarship Review Committee with a copy of the Final Acceptance Letter and a letter from the school program confirming attendance: Scholarship money will be sent directly to the school.

Scholarship Application Form

[to be completed by the Student]

Applicant Information

Last Name: _____ First Name: _____

Address:

Street Address: _____ Community: _____

Mailing Address: _____ Postal Code: _____

Home Phone #: [780] _____ Cell Phone #: [780] _____

Date of Birth: Month _____ Day _____ Year _____

Parent/Legal Guardian Information

Names: _____

Address [if different than above]

Street Address: _____ Community: _____

Mailing Address: _____ Postal Code: _____

Home Phone #: [780] _____ Cell Phone #: [780] _____

School Information

I am currently attending: _____ Location: _____

I will be attending the following school in September: _____

I will be enrolled in the following Program: _____

Program is _____ years in length

Signatures

Student Signature

Date

Parent Signature

Date

Personal Essay

[to be completed by the Student]

Please tell the Scholarship Review Board about yourself, the program you want to attend and why. Please use your own words.

Student Signature

Date