



Hemophilia Ontario



## Evaluation Criteria- Committee Member The John Plater Scholarship and bursary program

Applicant to receive a **\$8,000.00** Scholarship

Applicant to receive a **\$3,000.00** Bursary

### Scholarship Application:

The John Plater scholarship and bursary program was developed to provide support to members living with inherited bleeding disorders who are pursuing post secondary studies.

Successful applicants will receive their award through the educational institution they attend.

One \$8,000.00 scholarship and four \$3,000.00 bursaries will be awarded annually.

### How to Apply

Mail or e mail to:  
Hemophilia Ontario  
10 Milner Business Court, Suite 300  
Toronto ON M1B 3C6  
sturner@hemophilia.on.ca

Applications to be received by August 8th.



REGISTERED CHARITABLE NUMBER:  
11859 5954 RR001



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# Hemophilia Ontario John Plater Scholarship and Bursary Program

## PART A: PERSONAL INFORMATION

Full Name		
Address		
City/Town	Postal Code	Phone
Email		Date of Birth
Type of Bleeding Disorder		

## PART B: POST-SECONDARY INSTITUTION

Name of post-secondary institution	
Address	
City/Town	Postal Code
Email	
Student Number	



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## PART C: CONTACT INFO FOR TWO REFEREES

Full Name		
Address		
City/Town	Postal Code	Phone
Email		Date of Birth
Relationship to the applicant		

Full Name		
Address		
City/Town	Postal Code	Phone
Email		Date of Birth
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## PART D: ESSAY

Include a typed original essay of your composition between 450 and 500 words on one of the following topics.

1. Experience of living with a bleeding disorder
2. Your future goals
3. What skills, abilities and knowledge did you acquire from your volunteer experiences?
4. Why do you volunteer?

## PART E: APPLICANT'S COMMUNITY AND VOLUNTEER INVOLVEMENT

Please list in order of importance, the activities within either the school or community that have been the most important to you over the last three years, and state in a sentence or so why each was important.

1. Activity and years participated:  
Your function/role/office in the activity:  
Comments:
2. Activity and years participated:  
Your function/role/office in the activity:  
Comments:
3. Activity and years participated:  
Your function/role/office in the activity:  
Comments:
4. Activity and years participated:  
Your function/role/office in the activity:  
Comments:





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## Evaluation Criteria- Office Check List

**Applicant's Name:**

**Date completed application was received:**

*Quick Check List (all boxes must be complete for committee consideration)*

- Be a registered member of CHS-MC living with an inherited bleeding disorder (eg. hemophilia, von Willebrand Disease, rare inherited bleeding disorder or identified as a symptomatic carrier of an inherited bleeding disorder).
- Has not received the award.
- Have a minimum of final grade 12 average of 75%, or GPA of 3.0 on a 4.5 scale\*
- Final transcript of grades submitted. Do not submit to the committee.
- Letter or email from the postsecondary institution indicating acceptance or eligibility for enrollment in the upcoming academic year.
- Essay
- Two letters of reference

Please calculate the high school average (grade 12 marks) or current post-secondary GPA by multiplying average/GPA by 0.25 to get a number out of 25 points and provide to the committee in an envelope.

Funding available in the current year:

Maximum of one \$8,000 and four \$3,000 awards may be awarded annually.

octapharma



sanofi



Ontario  
MINISTRY OF HEALTH