

# APPLICATION

Janine Williams Memorial Bursary

## Application Deadline: June 1, 2024

**Introduction**

In partnership with Cole Harbour-Eastern HRM Community Mental Health, Hope for Mental Health 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 eleventh annual *Janine Williams Memorial Bursary* will be awarded September 1, 2024. Two bursaries, $1000 to each individual, are available.

While the *Janine Williams Memorial Bursary* will directly support a person to pursue educational and life development endeavors, 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](http://novascotia.ca/dhw/PeopleCentredHealthCare/documents/Management-Zones.pdf) (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 textbooks 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 Hope for Mental Health by

### June 1, 2024.

1. 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).
2. Incomplete applications or applications received after the deadline date (June 1, 2024) 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 Hope for Mental Health will review all eligible applications*.* All applicants will be notified by mail or email of the decision by **July 15, 2024.** The decision(s) of the Board of Directors of Hope for Mental Health cannot be appealed.

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

**Hope for Mental Health**

PO Box 20006 R PO Spryfield

Halifax, N.S., B3R 2K9

Phone: (902) 465-2601

Email: [contact@hope4mentalhealth.ca](mailto:contact@hope4mentalhealth.ca)

**Submission of application:**

The completed application form, along with one letter of reference and a confirmation of enrolment, must be *emailed* or *mailed to our* office at the address above, to arrive no later than **June 1, 2024**

**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 Hope for Mental Health 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 Hope for Mental Health reserves the right to request verification of the use of grant funds (e.g., receipts).

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For Hope for Mental Health Use Only:

Date Application Received:

# Janine Williams Memorial Bursary Application Form – 2024

## Deadline for Applications: June 1, 2024

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 Hope for Mental Health to respond to me through email.
* I would like Hope for Mental Health 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 later, 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 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

June 1, 2024.

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**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 **June 1st, 2024,** to:

**Hope for Mental Health**

PO Box 20006 R PO Spryfield

Halifax, N.S., B3R 2K9

Phone: (902) 465-2601

Email: contact@hope4mentalhealth.caLogo

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