

2022 LHON Canada Educational Perseverance Scholarship

The LHON Canada organization wishes to award two deserving members of our community who are seeking to re-train as a result of vision loss, complications from LHON+ or for any other reason associated with LHON or LHON+.

Deadline: Thursday, June 30th, 2022, 11:59 p.m.

Completed forms below or digital media is to be submitted to info@LHONcanada.ca by the application deadline.

Eligibility:

Applicants must:

- 1) Be Canadian Citizen
- 2) Be diagnosed with Leber's Hereditary Optic Neuropathy
- 3) Be registered in either post-secondary educational program or class, skills training or any other form of learning that is geared towards advancing one's career (Proof of Registration may be required).

Evaluation Criteria:

- Character and perseverance
- Persuasion in Application response
- Presentation and professionalism
- Note: Academic achievement is not evaluated

Selection:

All applications will be reviewed and assessed by two (2) members of the LHON Canada Board of Directors and three (3) Independent Members from the LHON community chosen annually.

The recipient will be notified by email in mid-June.

Please contact Cavan Boland at info@LHONcanada.ca if you have any questions.

Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Are you affected by LHON vision loss? YES NO
 If yes, when was your diagnosis? _____

Are you a Canadian Citizen? YES NO

Are you currently employed? YES NO
 If yes, where? _____

Program/Class of Study

Program/Course: _____ City: _____

From: _____ To: _____

Other Details: _____

About the Applicant

Please tell us in 1000 words or less about yourself, your experience living with LHON and how this scholarship would help your career (This response can also be sent by video or voice recording to info@LHONcanada.ca).

References

Please list two personal or professional references who can comment on your character.

Full Name: _____ Relationship: _____
Phone: _____

Full Name: _____ Relationship: _____
Phone: _____

Disclaimer and Signature

I certify that my answers are true and not misleading.

If agree to have the information I have provided in this application shared for the purposes of evaluating merits for the scholarship.

I agree to be contacted by LHON Canada.

I agree to if awarded a scholarship I will do my best to promote the award within the LHON community in order to help grow and increase future applications for the Scholarship

Signature: _____ Date: _____