

2008–2009

Lilly Reintegration Scholarship Application



2008–2009

Until recently, the idea that people with schizophrenia or bipolar disorder could move their lives forward or even reintegrate into their communities was thought by many to be unrealistic and unobtainable. But with the advent of newer medications, lives have been transformed.

However, medication is only the first step. The support of people and programs in the community is essential. Opening the door to educational opportunities is one way to help people with schizophrenia or bipolar disorder transition from a world of chaos and withdrawal to one of accomplishment.

The goal of the **Lilly Reintegration Scholarship** is to help people with schizophrenia, related schizophrenia-spectrum disorders, or bipolar disorder acquire the educational and vocational skills necessary to reintegrate into society, secure jobs, and regain their lives.

Through the scholarship program, Eli Lilly and Company furthers its ongoing commitment to providing tools that enhance the reintegration continuum, allowing people to move their lives forward and attain their individual potential.

2008-2009 Lilly Reintegration Scholarship

Eligibility

To be eligible for consideration for the Lilly Reintegration Scholarship, applicants must:

- Be diagnosed with bipolar disorder, schizophrenia, schizophreniform disorder, or schizoaffective disorder
- Be currently receiving medical treatment for the disease, including medications and psychiatric follow-up
- Be actively involved in rehabilitative or reintegration efforts, such as clubhouse membership, part-time work, volunteer efforts, or school enrollment
- Be a U.S. citizen and plan to attend a school in the United States
- Be of the age of 18 years or older

Educational Opportunities

The Lilly Reintegration Scholarship program is designed to offer financial assistance for a wide range of educational opportunities in which students work to attain a certificate or degree from an accredited institution.

Eligible programs include:

- High school equivalency programs
 - Trade or vocational school programs
 - Associate's degree
 - Bachelor's degree
 - Graduate degree
- * **Please note that noncredit, online, home study, and distance learning courses are not covered under the scholarship. Also, the scholarship is only available to U.S. citizens who plan to attend classes within the United States.**

Criteria

The applications will be judged by the following criteria:

- Academic success
- References from three individuals, including the applicant's psychiatrist or prescribing authority (references from family members are ineligible)
- Quality of essay
- Thoughtfulness and appropriateness of academic and vocational/career goals
- Rehabilitation involvement
- Success in dealing with the disease
- Recent volunteer and/or vocational experience
- Completion of application requirements including signing the Consent & Release Form

Conditions of Financial Support

The 2008-2009 Lilly Reintegration Scholarship program will be effective for the Fall 2008-Spring 2009 school year only. Past winners wishing to continue/complete their education must reapply to renew their scholarship on an annual basis. (See Renewal Guidelines below)

Scholarship money is sent directly to educational institutions to defray the costs of tuition, books, laboratory supplies, and mandatory fees on behalf of winning candidates. All monies remaining at the end of the 2009 spring semester must be returned to the scholarship fund. The scholarship does not cover summer classes or room and board expenses.

Educational Goals and Costs

Applicants must have an academic or a vocational goal as well as a career goal, including a specific school they plan to attend. Applicants must enclose a copy of the desired school's statement of standard costs for tuition, books, lab supplies, and mandatory fees from the school's manual or financial aid office.

Renewal Guidelines

All past scholarship winners are encouraged to continue their educational pursuits and reapply for the Lilly Reintegration Scholarship. Past winners will receive top consideration as long as current academic records and rehabilitative/reintegration efforts reflect dedication and commitment to an academic or a vocational goal as well as to a career goal. Past winners must enclose a current grade report upon reapplication and a signed Consent & Release Form.

Independent Judging Panel

Eli Lilly and Company, a global, research-based pharmaceutical corporation headquartered in Indianapolis, Indiana, has appointed an independent panel of judges comprised of nine psychiatric-care professionals to select the scholarship winners. The judges will review all eligible scholarship applications in accordance with the stated criteria. They will select scholarship winners and determine monetary scholarship amounts for each winner based on financial needs and educational goals. All deliberations and decisions by the judging panel are final and confidential.

This application will be reviewed only by the panel of judges and will be handled with the utmost confidentiality. All application materials will be destroyed after the judging process is completed and will not be returned to the applicant.

Contact Information

To request additional applications or for more information, please contact us via:

E-mail: lillyscholarships@reintegration.com

Phone: 1-800-809-8202

2008-2009 Lilly Reintegration Scholarship Instructions

Please read instructions carefully before completing the application.

Essay

Essay must be no longer than three double-spaced typed pages and **must include the following section headings:**

- My Career Goal and My Rationale for Choosing This Goal
- How This Course of Study Will Help Me Achieve My Career Goal
- Obstacles I Have Faced in Life and How I Have Overcome Them
- Steps I Have Taken to Prepare for Pursuit of This Education
- Rationale for the Specific School Chosen
- My Plans to Continue Treatment While Pursuing an Education

Recommendation Forms

Before distributing the Recommendation Forms to your references, be sure to:

- Complete the Applicant portion at the top of all three forms, including your signature.
- Prepare self-addressed, stamped envelopes to accompany the appropriate Recommendation Form for each of your three references.
- **Note: The recommendations you receive back from your references must be submitted in their postmarked, unopened envelopes with your completed Application Form.**
- Remind each reference that the form must be completed and mailed to you so that you may enclose it with your application packet and still make the January 25, 2008, deadline.

FAFSA

Complete the Free Application for Federal Student Aid (FAFSA) through the U.S. Department of Education. You can apply on the web at <http://www.fafsa.ed.gov> or contact your school for an application form. *DO NOT mail in any FAFSA info with your application package. If you are chosen as a Finalist, you will be required to show proof that you registered with FAFSA prior to April 1, 2008.*

(FAFSA filing is not required of those applying for financial assistance for high school or GED studies.)

Application Checklist

Before mailing in your application packet, be sure to enclose:

- Completed application form
- Your essay of no longer than three double-spaced typed pages
- All three unopened, postmarked Recommendation Forms
- Your official school transcripts
- Copy of your desired school's statement of standard education costs from the school's manual or financial aid office
- Signed Consent & Release Form

Please note: Incomplete applications will be disqualified. All application submissions should include only the above requested materials. Any additional information or materials will be destroyed and will not be submitted to the judges. Applications submitted to the Lilly Reintegration Scholarship program will be held in the strictest of confidence. Materials submitted will not be returned. The Lilly Reintegration Scholarship program will not be responsible for lost or misdirected mail.

Application Deadline

Applications must be postmarked by **January 25, 2008**. Applications must be completed in their entirety according to the directions provided. Applicants must meet the eligibility requirements in order to be considered by the panel of independent judges.

Winners will be notified in July 2008.

Confirming Delivery

Delivery of your application will not be confirmed via phone or email. If you wish to confirm delivery you may either:

- Insert a stamped/self-addressed envelope to be sent to you when your application is being processed (allow 4 weeks for processing)
- Use a mail service that provides proof of delivery (e.g., USPS Certified Mail, Fed Ex, etc.)

Application Deadline: January 25, 2008

Applications must be postmarked by January 25, 2008, and mailed to:

Lilly Reintegration Scholarship
PMB 327
310 Busse Highway
Park Ridge, IL 60068-3251

Application Form

Deadline: January 25, 2008

Please type or print clearly

Please check here if you are a current or past winner

Title Mr./Ms./Mrs. Last name

First name

Are you a U.S citizen?

Date of birth

Address

City

State

Zip

Home phone

Work phone

Diagnosis

Month/year of diagnosis

Treating physician or prescribing authority

Physician or prescribing authority phone

Current level of completed education

Are you in school now? No Yes

If yes, what is your grade-point average?

Please enclose official high-school or college transcripts.

Desired outcome (check one):

High-school equivalency diploma

Bachelor degree

Trade or vocational school certificate

Graduate degree

Associate degree

Desired school

Desired program or area of study

Career goal

Are you currently employed?

No

Yes

Full-time

Part-time

If yes, what is your occupation?

Estimated Education Costs

Please attach a copy of standard costs for tuition, books, lab supplies, and mandatory fees from your school manual or financial aid office.

Note: Summer classes or room and board expenses are not covered under the scholarship.

Essay

Please write an essay following the criteria outlined in the Essay section of the application.

The essay should be no longer than three double-spaced typed pages and include all required section headings.

Recommendation Form – Psychiatrist or Prescribing Authority

This Recommendation Form must be completed by the applicant's psychiatrist or prescribing authority (family members cannot fill out forms). Please mail the completed form in the preaddressed, stamped envelope provided by the applicant. (Note: Applicants are required to submit unopened envelopes containing these forms with their application packets.)

Applicant: Please complete this portion.

Applicant's name _____

Applicant's signature _____

Phone _____ Date _____

Reference: Please complete this portion.

Psychiatrist/Prescribing authority's name _____ Position _____

Institution/Company _____ Phone _____

Address _____

City _____ State _____ Zip _____

Please confirm diagnosis _____

What psychotropic medications is this applicant currently taking? _____

How well do you know the applicant? Not well Somewhat Well Very well How long have you known the applicant? _____

Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential? Yes No

If no, please explain _____

How would you rate this applicant in terms of:	Excellent 90-100	Very good 75-89	Good 60-74	Fair 40-59	Poor 20-39	Very poor 0-19	Unable to judge
1. Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Speaking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Conceptual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Capacity to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commitment to recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any information related to the applicant that should be considered by the judging panel in assessing the individual's capacity to succeed in academic pursuits?

Overall recommendation:

Highly recommend Recommend Recommend with some reservations Do not recommend

Reference's signature _____ Date _____

Recommendation Form – General

This Recommendation Form must be completed by someone who knows the applicant personally and can respond to all the questions below regarding skills, ambitions, and experiences (family members cannot fill out forms). Please mail the completed form in the preaddressed, stamped envelope provided by the applicant. (Note: Applicants are required to submit unopened envelopes containing these forms with their application packets.)

Applicant: Please complete this portion.

Applicant's name _____

Applicant's signature _____

Phone _____ Date _____

Reference: Please complete this portion.

Reference name _____ Institution/Company _____

Position _____ Phone _____

Address _____

City _____ State _____ Zip _____

What is your relationship to the applicant? Employer Teacher Other _____

How well do you know the applicant? Not well Somewhat well Very well How long have you known the applicant? _____

Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential? Yes No

If no, please explain _____

How would you rate this applicant in terms of:	Excellent 90-100	Very good 75-89	Good 60-74	Fair 40-59	Poor 20-39	Very poor 0-19	Unable to judge
1. Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Capacity to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Applicant: Please complete this portion.

Applicant's name _____

Applicant's signature _____

Phone _____ Date _____

Reference: Please complete this portion.

Reference name _____ Institution/Company _____

Position _____ Phone _____

Address _____

City _____ State _____ Zip _____

What is your relationship to the applicant? Employer Teacher Other _____

How well do you know the applicant? Not well Somewhat well Very well How long have you known the applicant? _____

Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential? Yes No

If no, please explain _____

How would you rate this applicant in terms of:	Excellent 90-100	Very good 75-89	Good 60-74	Fair 40-59	Poor 20-39	Very poor 0-19	Unable to judge
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9. Capacity to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any information related to the applicant that should be considered by the judging panel in assessing the individual's capacity to succeed in academic pursuits?

Overall recommendation:

Highly recommend Recommend Recommend with some reservations Do not recommend

Reference's signature _____ Date _____

Personal Consent & Release Form

Please read this carefully.

Print your name

Address

By signing this Consent & Release Form, this will confirm that:

1. I am participating voluntarily in the **Lilly Reintegration Scholarship (LRS)** (known as the "Program"). I permit Lilly's vendor, currently RF|Binder (administrator of the Program referred to as "Program Administrator") to contact me regarding my status as an applicant of the Program and with regard to any subsequent issues/questions that may arise related to my participation in or status of my application for the Program.
2. I hereby release both Lilly and Program Administrator, its agents, employees, licensees and assigns, from and against any and all claims which I have, or may have, for invasion of privacy, defamation, or any other cause of action arising out of any contact related to the Program or arising out of general public understanding that the Program is open to those battling mental illness.
3. In the event that I change my mind about future contact with the Program Administrator or others formally involved with the Program, I will submit a written statement withdrawing from the Program to **RF|Binder, LRS-NFC, 310 Busse Highway, Park Ridge, IL 60068-3251; (800) 809-8202**. Within ten (10) days of receipt of such notice, RF|Binder will take reasonable steps to stop any further contact with me with respect to the Program.
4. I understand that withdrawing from the Program as stated above will immediately disqualify me as a potential recipient of any funding/winning status granted by the Program.
5. I understand that signing this form does NOT ensure that I will receive funding or be chosen as a recipient of the Program, simply that I am agreeing to participate in the Program and to be contacted regarding my participation and/or status in the Program. Should I be chosen as a Lilly Reintegration Scholar, I am also agreeing to work with Program Administrator in arranging the scholarship funding for the educational facility that I attend.

By signing this Consent & Release Form, I am agreeing that I have reviewed and approved it and confirm that it is true and correct in all respects. **I affirm and attest that I am currently 18 years old or older and understand that in order to accept this offer I must be 18 years old or older.**

Sign your name

Date signed

Lilly authorized officer sign name

Date signed
