

Edmonton Epilepsy Association

The Epilepsy Association of Northern Alberta



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2016 – 2017 Application Form



THE GARRY HANNIGAN MEMORIAL LIFE ENHANCEMENT SCHOLARSHIPS FOR YOUTHS

These Scholarships, to a maximum of \$500 each, are available for Youths of any age, up to the age of 18, to assist them in participating in Sports, Cultural or Recreational Activities that will enhance their development as individuals.

Eligibility Criteria:

- The Youth must either have Epilepsy, **or** be the child or ward of an individual with Epilepsy;
- The Youth must be either a Canadian Citizen or Permanent Resident in Canada, and living in the Edmonton Epilepsy Association's service area;
- The Youth must be enrolled in an Elementary, Junior High or High School, or in a Government-approved Home Schooling Program;
- The Scholarships could be applied for such things as registration fees for, and associated expenses related to, such Activities as:
 - *Team Sports *Individual Sports *Music, Art, Dance, Martial Arts, Swimming Lessons
 - *Summer Day or Residential Camps *Outdoor Education Programs
 - *Boy Scout or Girl Guide Programs *Ethnic Identity Cultural Programs(Please note that other Activities not listed above could also be potentially eligible);
- Applications can be submitted at any time throughout the year, and Scholarships will be awarded on the basis of (1) Merit, as exclusively determined by the EEA Scholarship Review Committee, and (2) Available funding within the current EEA Financial Year;
- Every Applicant is required to submit a Statement in support of his/her Application, *as detailed below*.

PART 1: GENERAL INFORMATION

Name of Parent/Guardian _____

I am applying on behalf of _____
(name of youth)

Male _____ Female _____ Age _____

He/She is a Canadian Citizen _____ or a Permanent Resident in Canada _____.
(If a Permanent Resident, please attach a copy of the Permanent Resident documentation from Canada Immigration.)

He/She is currently enrolled at: _____
(name of school)

Address of school: _____

I have epilepsy _____ or my child has epilepsy _____

Name of Health Care Provider:

Our family's home address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

e-mail address: _____

Activity for which we are applying for funding: _____

What is the name and telephone # of the group/organization that is organizing this activity?

What is the registration cost of this activity? _____

Have you already paid the registration cost for this activity? Yes _____ No _____
(If yes, please attach a copy of the receipt for payment.)

Are there other expenses besides a registration fee associated with this activity?

Yes _____ No _____

If yes, please provide details. _____

PART 2: STATEMENT REQUIREMENT:

You or your child must submit a Statement in support of the application, as follows:

- Why they think they should get the scholarship;
- What their interest is in the activity being applied for; and
- How they think it will benefit them as an individual.

(In special circumstances, the Review Committee may accept an oral submission from the child or the Parent/Guardian.)

PART 3: WAIVER

I, _____, Parent/Guardian of _____

Hereby agree and declare to the Edmonton Epilepsy Association as follows:

- › That I hereby give the Edmonton Epilepsy Association my permission to publish my child's name and photograph and the description of the activity for which funding was received for him/her in both the EEA newsletter and the EEA website; and
- › That I agree and understand that if I receive a Life Enhancement Scholarship for Youth on behalf of my child and should he/she not undertake the activity for which the Scholarship funds are granted, that I am obligated to repay the full Scholarship amount to the Edmonton Epilepsy Association.

AGREED TO this _____ day of _____, 20____

Signed:

Witnessed:

(Parent/Guardian please print name here)

(Witness please print name here)

(Parent/Guardian please sign name here)

(Witness please sign name here)