

  
*The Epilepsy Association of Northern Alberta*

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## 2019 – 2020 Application Form



### **THE BRITTANY HUGHES 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 Arts and Cultural Activities that will enhance their development as individuals.

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#### **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 a Pre-School, 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:
  - \*Music, Art, Dance,                      \*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)