Edmonton Epilepsy Association

The Epilepsy Association of Northern Alberta

11215 Groat Road NW, Edmonton, AB T5M 3K2
Phone: 780-488-9600 Toll Free 1-866-374-5377 Fax: 780-447-5486
Email: info@edmontonepilepsy.org Website: www.edmontonepilepsy.org

## 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.

**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)