



**EDMONTON EPILEPSY
CONTINUING EDUCATION
SCHOLARSHIP AWARDS
2021**

Application for a \$1,000 scholarship for the purpose of entering into or continuing college or university studies is open to Greater- Edmonton students who are Canadian citizens or who have permanent resident status (please include a copy of your immigration papers) and who are currently under a Canadian physician’s care for epilepsy. Visa students are not eligible for this award.

These Scholarships are funded by a Sponsorship from the Epilepsy Trust, a trust fund administered by prominent Edmonton Neurologists.

Please type or print legibly.

Part 1: General Information

Name: _____

Age: _____ Male: _____ (optional) Female: _____ (optional)

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

e-mail address: _____

Please check if Canadian citizen _____ or Permanent resident _____
(don't forget to include a copy of your immigration papers)

Recommending Physician’s name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Physician’s signature: _____



Did you apply for this scholarship previously? Yes No

Section A: Fill in this section only if you are currently a high school senior with a completed application to a Canadian university or college

Name of high school: _____

Expected graduation date: _____

Address of high school: _____

City: _____ Province: _____

Postal Code: _____

Universities or colleges to which you have applied:

Section B: Fill in this section only if you are an undergraduate student currently attending a Canadian university or college.

Name of university/college: _____

Expected graduation date: _____

Address of university/college: _____

City: _____ Province: _____

Postal Code: _____

NOTE: Please include a copy of your most recent academic transcript with your application.

Section C: Fill in this section only if you are currently a Canadian university/college senior heading for graduate school

Name of university/college: _____

Expected graduation date: _____

Address of university/college: _____

City: _____ Province: _____

Postal Code: _____

Indicate names of graduate schools to which you have applied:



Part 2: Resume

Education

List by most recent qualifications first - include courses of study undertaken

Work Experience (if applicable)

List employment experience starting from first to most recent

Other Achievements/Interests



Part 3: Short Essay

Please prepare and submit along with your application form a short essay (no fewer than 600 and no more than 1,200 words) in length. The essay must be typewritten and double-spaced.

The theme of the essay is '*How have I personally helped increase epilepsy education in my community?*'

Part 4: Enclosures

1. Please include three (non-family) letters of recommendation along with your application. In order to be eligible, one of these references will need to be from someone from academia (e.g. a teacher/professor, academic advisor or principal/dean).
2. If permanent resident status applies, please include a copy of your immigration papers.
3. Attach an unofficial copy of your current academic transcript.
4. Attach a copy of your university, college, or graduate school application(s), acceptance letter(s), or confirmation of enrolment. If these items are unavailable, enclose a list of the addresses and telephone numbers of the admissions office(s).



Part 5: Waiver

I hereby agree and declare to the Edmonton Epilepsy Association and its partners as follows:

- That I hereby give the Edmonton Epilepsy Association my permission to use, reproduce, copy, publish, broadcast or otherwise use my name, picture, likeness and/or comments attributed to me, or any material based upon or derived there from this submission;
- That any comments attributed to me represent my own personal views;
- That I agree and understand that if I receive a Scholarship Award and should I not undertake the continuing education studies for which the Scholarship funds are granted, that I am obligated to repay the full Grant amount to the Edmonton Epilepsy Association.

AGREED TO this _____ day of _____, 20_____.

Signed:

Witness:

Parent or Guardian must sign if applicant is under age 18.

Please sign & print name.

Applications postmarked no later than midnight, **March 1st, 2021** are eligible for a scholarship award towards the **2021 academic year**. Please return this application by mail to:

Scholarship Awards
Edmonton Epilepsy Association
11215 Groat Road NW
Edmonton, AB
T5M 3K2

Telephone: (780) 488-9600
Toll-free: 1-866-EPILEPSY (1-866-374-5377)
Fax: (780) 447-5486
e-mail: info@edmontonepilepsy.org
Web: <http://www.edmontonepilepsy.org>