



Application Form – applications open January 1 through March 31 of each year.



**EDMONTON EPILEPSY
CONTINUING EDUCATION
SCHOLARSHIP AWARDS**

APPLICATION FORM

This is an application for a \$1,000 scholarship for the purpose of entering into or continuing college or university studies, in an Alberta post-secondary institution.

WHO CAN APPLY?

This scholarship is open to post-secondary students, between ages of 17-29, who are Canadian citizens, landed immigrants or who have permanent resident status (must include a copy of immigration papers), who are currently under a Canadian physician's care for epilepsy.

VISA STUDENTS ARE NOT ELIGIBLE FOR THIS SCHOLARSHIP.

DEADLINE

Applications received by March 31 of each year are eligible for a scholarship award towards the same academic year.

AWARDING COMMITTEE

The Scholarship Applications are reviewed by a committee of three, including the Executive Director of the Edmonton Epilepsy Association (EEA) and two members of the Epilepsy Trust.

RECIPIENTS

Scholarship recipients will be contacted within a three-week period from the date the completed application is submitted. Recipients agree to release their names for promotion and information sharing with the EEA.

These Scholarships have been funded by Epilepsy Trust since 2007, when Epilepsy Canada had to end their Program. The Epilepsy Trust was founded in March of 1995 by three Edmonton Neurologists and the Nurse-Coordinator of the Adult Convulsive Disorder Clinic at the Glenrose Hospital. Please type or print legibly.

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 of application year** are eligible for a scholarship award towards the **same academic year**. Please return this application by mail to:

Scholarship Awards
Edmonton Epilepsy Association
9915 148 STREET
Edmonton, AB T5N 3G1

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