



Epilepsy Scholarship Awards

IMPORTANT

Application deadline May 29, 2009. Please include with your included form:

1. A handwritten cover letter.
2. A copy of your resume listing education, work experience and other achievements or interests.
3. Three (non-family) letters of recommendation. One from your neurologist or physician, one from a teacher, and one from another person not in your immediate family.
4. If landed immigrant status applies, a copy of your immigration papers.
5. An unofficial copy of your current academic transcript.
6. A copy of your university or college 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 offices.)*

APPLICATION FORM

Application for \$1,000.00 scholarships is open to Ontario students aged 16-21 years of age. Candidates must be a Canadian citizen or have landed immigrant status (please include a copy of your immigration papers) and are currently under an Ontario physician's care for epilepsy. Visa students are not eligible for this award. The Committee has included a copy of their evaluation procedure for your information. Please type or print legibly.

PART 1: GENERAL INFORMATION

Name: _____
Date of Birth: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Telephone: _____
E-mail: _____

Please check if Canadian citizen or
 landed immigrant (please 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
(Preference will be given to new applicants)

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.

PART 2: RESUME (attach to your application)

- 1) **Education:** List by most recent qualifications first - include courses of study undertaken

- 2) **Work Experience:** List employment experience starting from first to most recent

- 3) **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 1200 words) in length. The essay must be typed and double-spaced.

The theme of the essay is:

“How epilepsy affects my life.”

We are looking for how epilepsy is affecting your life and the life of your friends and family. What short-term and long-term strategies do you have to deal with your epilepsy?

PART 5: WAIVER

I hereby agree and declare to Epilepsy Ontario and its partners as follows:

1. That I hereby give Epilepsy Ontario 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;
2. That any comments attributed to me represent my own personal views;
3. That I agree and understand that I do not and shall not have any right of approval of any element, any claim for additional compensation or benefit, nor any claim (including, without limitation, claims based upon invasion of my privacy, rights to my image, defamation, or right of publicity) arising out of or related in any way to the use of the information contained in this submission.

AGREED TO this ____ day of _____, 2009

Signed:

Witness:

Parent or guardian must sign if applicant is under age.

Applications postmarked no later than midnight, May 29, 2009 are eligible for a scholarship award towards the 2009 academic year. Please return this application, along with the documents listed on page 1, by mail to:

The OBCL Epilepsy Scholarship Awards

Epilepsy Ontario
308—1 Promenade Circle
Thornhill, ON, L4J 4P8

Telephone: (905) 764-5099
Toll-free: (800) 463-1119
Fax: (905) 764-1231
E-mail: info@epilepsyontario.org
Web: www.epilepsyontario.org