



Application for the \$1,000 scholarship is open to students aged 16 – 29 years of age who are Canadian citizens or who have landed immigrant 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.

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 Landed immigrant _____
(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 I can personally help 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 landed immigrant 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 (optional)

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

- That I hereby give Epilepsy Canada 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 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 _____, 2005.

Signed:

Witness:

Parent or guardian must sign if applicant
is under age.

Applications postmarked no later than midnight, February 25, 2005 are eligible for a scholarship award towards the 2005 academic year. Please return this application by mail to:

Scholarship Awards
Epilepsy Ontario
Suite 308
1 Promenade Circle
Thornhill (Ontario)
L4J 4P8
Telephone: (905) 764-5099
Toll-free: 1-800-463-1119
Fax: (905) 764-1231
e-mail: info@epilepsyontario.org
Web: <http://epilepsyontario.org/>