



**EDMONTON EPILEPSY  
CONTINUING EDUCATION  
SCHOLARSHIP AWARDS  
2007**

Application for a \$1,000 scholarship for the purpose of entering into or continuing college or university studies is open to Greater-Edmonton students aged 17 – 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.

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 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 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**

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 \_\_\_\_\_, 2007.

**Signed:**

**Witness:**

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

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**Please sign & print name.**

Applications postmarked no later than midnight, March 1<sup>st</sup>, 2007 are eligible for a scholarship award towards the 2007 academic year. Please return this application by mail to:

*Scholarship Awards*  
Edmonton Epilepsy Association  
11007-124 Street  
Edmonton (Alberta)  
T5M 0J5  
Telephone: (780) 488-9600  
Toll-free: 1-866-EPILEPSY (1-866-374-5377)  
Fax: (780) 447-5486  
e-mail: [info@edmontonepilepsy.org](mailto:info@edmontonepilepsy.org)  
Web: <http://www.edmontonepilepsy.org>