



association
maritime de
l'épilepsie

The Epilepsy Association of the Maritimes
306-5880 Spring Garden Road, Halifax, N.S. B3H 1Y1
Tel: 902-429-2633 Fax: 902-425-0821
ed@epilepsyns.org
www.epilepsyns.org

EAM MEMORIAL BURSARY 2019

DESCRIPTION

The Epilepsy Association of the Maritimes' Memorial Bursary is open to all students who live with epilepsy in the Maritimes and *is awarded based on financial need*. If you have applied for a bursary, *you may also apply for additional bursaries and/or scholarships but you must meet the criteria* and all applicants will be considered.

Program Description: Any recognized post secondary program (worldwide)

Bursary Value: \$500

Application Deadline: June 14, 2019

Award Date: June 21, 2019

Eligibility:

1. Under the care of a physician for treatment of epilepsy
2. Accepted for study at a recognized post secondary institution
3. A permanent resident of Nova Scotia, New Brunswick or PEI
4. Previous recipients may reapply
5. If you are a student and have applied for this bursary, you may also apply for a scholarship if you meet the criteria

Application must include:

1. Checklist completed indicating all accompanying documents
2. Application completed and signed by a physician
3. Two references who can speak of your ability to achieve your academic goals who are not relatives (please use referee forms)
4. Revenue Expense Form completed
5. Goals – Education and Career (no more than 2 pages)
6. Resume
7. Acceptance letter from recognized post secondary institution
8. Official transcripts

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
CHECKLIST MUST ACCOMPANY ALL APPLICATIONS**



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CHECKLIST

The Epilepsy Association of the Maritimes' Memorial Bursary is available to all students in the Maritimes who wish to pursue an academic career but *have a financial need*. If you have applied for a bursary, *you may also apply for additional bursaries and/or scholarships but you must meet the criteria* and all applicants will be considered.

To have your application considered, you **MUST** include this checklist and each item listed below:

1. Checklist
2. Application completed
3. Two Referee Forms
4. Revenue Expense Form
5. Goals
6. Resume
7. Acceptance Letter
8. Official transcripts

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND CHECKLIST
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APPLICATION FORM 2019
(please print)

Name _____

Address _____

Email Address _____ Phone _____ Cell _____

Recommending Physician's name _____

Address _____

Telephone Number _____

Physician's Signature _____

References – two individuals (not relatives) who can comment on your ability to accomplish your stated goals. Give each reference a referee form. References will complete and mail Email with electronic signature directly to the Epilepsy Association of the Maritimes before June 14, 2019.

1. Name _____

2. Name _____

How did you find out about this scholarship? _____

Signature _____ Date _____

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REFERENCE FORM 2019
(please print)

Name of Reference _____

Occupation _____ Email _____

Name of Applicant _____

How long have you known the applicant _____ in what capacity? _____

Please comment on the applicant's ability to achieve their educational goals.

Please attach additional pages if required.

Signature of referee _____ Date _____

**PLEASE RETURN TO THE ADDRESS ABOVE BEFORE JUNE 14, 2019 BY MAIL OR
EMAIL WITH ELECTRONIC SIGNATURE**



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REVENUE EXPENSE FORM 2019

Revenue per Month	\$
Income from full or part time employment	\$
Parental Assistance	\$
Other Income	\$
TOTAL REVENUE	\$
Expenditures per Month	
Tuition	\$
Rent/Room and Board/Residence	\$
Food	\$
Utilities (cell, power, phone, internet, cable)	\$
Books and supplies	\$
Transportation	\$
Child Care	\$
Necessities (clothing, personal care etc)	\$
Miscellaneous expenses	\$
TOTAL EXPENDITURES	\$



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GOALS FORM 2019

Please list below your goals for your education and your career. Tell us what your goals are in each category, what do you need to do to achieve those goals and any anticipated challenges, particularly pertaining to your epilepsy. Your goals must be no longer than 2 pages.

GOAL – EDUCATION _____

GOAL – CAREER _____

Please attach one additional page if required