

Epilepsy Association of Nova Scotia
The EANS Memorial Scholarship
APPLICATION FORM

(IF APPLYING FOR A SCHOLARSHIP PLEASE DO NOT APPLY FOR A BURSARY TOO)
NOTE: SCHOLARSHIP APPLICANTS MUST HAVE AN AVERAGE OF 80 OR ABOVE

NOTE: SCHOLARSHIP IS AWARDED BASED ON SCHOLASTIC ACHIEVEMENT, WORK EXPERIENCE, VOLUNTEER AND EXTRACURRICULAR ACTIVITIES. TWO SCHOLARSHIPS WILL BE AWARDED.

Program Description: Any *recognized* post secondary program (worldwide)

Where: University, Community College, Business College, Continuing Secondary Education

Scholarship Value \$500.00

Application Deadline: May 15th (referee forms must also be received by this date)

Award Date: June 15th

Eligibility – person who is:
(previous winners may apply)

1. under the care of a physician for the treatment of epilepsy, and
2. accepted for study at a recognized post secondary school (proof required), and
3. a resident of Nova Scotia, New Brunswick, or Prince Edward Island, and
4. a Canadian citizen or landed immigrant

APPLICATION MUST INCLUDE:

Resume: Outlining your education, work experience, and volunteer activities

Written Goals (no more than 1 page): Outlining your educational and career goals
How epilepsy has affected your goals

Transcripts: An **official transcript** of your marks must be submitted with your application

Two References: References must complete “Referee Form” and mail to Epilepsy Association by May 15th

Recommending Physician’s Name: Please have physician verify diagnosis of epilepsy by signing application

Acceptance Letter: Official acceptance letter from recognized post secondary institution

NOTE: FAILURE TO PROVIDE ALL REQUIRED DOCUMENTS WILL RESULT IN AN INCOMPLETE APPLICATION AND WILL NOT BE EVALUATED – CHECK LIST AT END OF APPLICATION

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Name _____

(please print)

Address _____

Telephone _____

Have you been accepted at a recognized post secondary school?

Please enclose a copy of acceptance

Are you a Canadian citizen or landed immigrant? _____

Do you have epilepsy? _____

Recommending Physician's name _____

Address _____

Telephone no _____

Physician's signature _____ Date _____

Written Submission of Goals

Resume of your education, volunteer and work experience _____

Transcript of your marks _____

References 1) _____ 2) _____

- Names of 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 to the Epilepsy Association by May 15

Where/how did you find out about this scholarship _____

Signature _____ Date _____

NOTE: FAILURE TO SIGN AND DATE APPLICATION WILL RESULT IN AN INCOMPLETE APPLICATION AND WILL NOT BE EVALUATED.

**The Epilepsy Association of Nova Scotia
The Medical Arts Building, Suite 306
Halifax, NS B3H 1Y1
Phone: (902) 429-2633
Fax: (902) 425-0821**

Referee Form

Name of Applicant _____

Name of Referee _____ **Occupation** _____
(please print)

How long have you known the applicant _____

In what capacity _____

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

Please use other side if needed

Signature of Referee

Date

**Please return to the above address by
May 15**

**Epilepsy Association of Nova Scotia
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APPLICATION FORM Check List**

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Please ensure that you have included the following when submitting your Scholarship application. Please place check marks by each item included with your application and send this list along with it.

1. Resume _____
2. Written goals (Education and Career) _____
3. Official Transcript of Marks _____
4. Two References (Referee Form) _____
5. Acceptance Letter _____