



The Epilepsy Association of the Maritimes  
215-7075 Bayers Road, Halifax, N.S. B3L 2C2  
Tel: 902-429-2633 Fax: 902-425-0821  
[ed@epilepsymaritimes.org](mailto:ed@epilepsymaritimes.org)  
[www.epilepsymaritimes.org](http://www.epilepsymaritimes.org)

## THE JAMES RUSSELL KLINE MEMORIAL BURSARY 2020

### DESCRIPTION

The Epilepsy Association of the Maritimes' James Russell Kline 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 full time post secondary program (worldwide)

**Bursary Value:** \$750

**Application Deadline:** June 12, 2020

**Award Date:** June 19, 2020

**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 the Maritimes
4. If you are a Maritime student and have applied for this bursary, you may also apply for a scholarship if you meet the criteria
5. Previous recipients may reapply

**Application must include:**

1. Checklist completed indicating all accompanying documents
2. Application completed and signed by a physician
3. Two Referees 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

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










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## THE JAMES RUSSELL KLINE MEMORIAL BURSARY 2020

### CHECKLIST

The Epilepsy Association of the Maritimes' James Russell Kline 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 

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



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**THE JAMES RUSSELL KLINE MEMORIAL BURSARY**

**APPLICATION FORM 2020**

*(please print)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Recommending Physician's name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Institution \_\_\_\_\_ Program \_\_\_\_\_ Duration \_\_\_\_\_

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 or Email with electronic signature directly to the Epilepsy Association of the Maritimes before June 12, 2020.

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

How did you find out about this scholarship? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**REFERENCE FORM 2020**  
*(please print)*

Name of Referee \_\_\_\_\_

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.

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Please attach additional pages if required.

Signature of referee \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO THE ADDRESS ABOVE BEFORE JUNE 12, 2020 BY MAIL OR  
EMAIL WITH ELECTRONIC SIGNATURE**



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**REVENUE EXPENSE FORM 2020**

**Please remember full 2020 school year revenue and expenses only apply  
as programs vary in length.**

<b>Revenue per Year</b>	\$
Income from full or part time employment	\$
Parental Assistance	\$
Other Income	\$
<b>TOTAL ANNUAL REVENUE</b>	\$
<b>Expenditures per year</b>	
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	\$
<b>TOTAL ANNUAL EXPENDITURES</b>	\$



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**THE JAMES RUSSELL KLINE MEMORIAL BURSARY**

**GOALS FORM 2020**

**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** \_\_\_\_\_

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**GOAL – CAREER** \_\_\_\_\_

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*Please attach one additional page if required*