



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
www.epilepsymaritimes.org

THE DI SETCHELL MEMORIAL BURSARY 2021 #1

DESCRIPTION

The Epilepsy Association of the Maritimes' Di Setchell Memorial Bursary 2021 #1 is open to all full-time 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 scholarships and/or bursaries but you must meet the criteria* and all applicants will be considered. **PREFERENCE WILL BE GIVEN TO THOSE SEEKING A COMMUNITY COLLEGE EDUCATION.**

Program Description: Any recognized full-time program in a Community College or University

Bursary Value: \$1,000

Application Deadline: June 11, 2021

Award Date: June 18, 2021

Eligibility:

1. Under the care of a physician for treatment of epilepsy
2. Accepted for study at a recognized Community College or University
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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CHECKLIST

The Epilepsy Association of the Maritimes' Di Setchell Memorial Bursary 2021 #1 is available to all full-time 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 scholarships and/or bursaries 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

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



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THE DI SETCHELL MEMORIAL BURSARY 2021 #1
APPLICATION FORM
(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 11, 2021.

1. Name _____

2. Name _____

How did you find out about this scholarship? _____

Signature _____ Date _____



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REFERENCE FORM
(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.

Please attach additional pages if required.

Signature of Referee _____ Date _____

**PLEASE RETURN TO THE ADDRESS ABOVE BEFORE JUNE 11, 2021 BY MAIL OR
EMAIL WITH ELECTRONIC SIGNATURE**



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REVENUE EXPENSE FORM

Please remember a full 2021 school year revenue and expenses only apply as programs vary in length.

Revenue per Year	\$
Income from full or part time employment	\$
Parental Assistance	\$
Other Income	\$
TOTAL REVENUE	\$
Expenditures per Year	
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

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