



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](http://www.epilepsymaritimes.org)

## EPILEPSY ASSOCIATION OF THE MARITIMES MEMORIAL SCHOLARSHIP 2021

### DESCRIPTION

The Epilepsy Association of the Maritimes' Memorial Scholarship 2021 is open to all students who live with epilepsy in the Maritime Provinces and applicants must have an average of 80 or above. If you have applied for a scholarship, *you may also apply for a bursary if you meet the criteria* and all applicants will be considered.

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

**Scholarship 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 post secondary institution
3. A permanent resident of Nova Scotia, New Brunswick or PEI
4. Have an average of 80 or above
5. Previous recipients may reapply

**Application must include:**

1. Checklist completed indicating all accompanying documents
2. Application completed signed by a physician
3. Referees – two individuals who can speak of your accomplishments who are not relatives
4. Goals – education and career (no longer than 2 pages)
5. Resume
6. Acceptance letter from recognized post secondary institution
7. Official transcripts of your marks from secondary and if applicable, post secondary institution

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



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MEMORIAL SCHOLARSHIP 2021**

**CHECKLIST**

The Epilepsy Association of the Maritimes' Memorial Scholarship 2021 is available to all students in the Maritimes who carry an average of 80 percentile and above. This scholarship is awarded based on scholastic achievements, work experience, community involvement (volunteerism) and extracurricular activities. If you have applied for a scholarship, *you may also apply for a bursary 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. Referee Form
4. Goals
5. Resume
6. Acceptance Letter
7. Official Transcripts

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**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 referee a reference form. Referees 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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ACCOMPANY ALL APPLICATIONS.**



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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 achievements and 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 11, 2021 BY MAIL OR  
EMAIL WITH ELECTRONIC SIGNATURE**



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**GOALS FORM**  
*(please print)*

**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*