



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

**EPILEPSY ASSOCIATION OF THE MARITIMES
MEMORIAL SCHOLARSHIP 2022**

DESCRIPTION

The Epilepsy Association of the Maritimes' Memorial Scholarship 2022 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 10, 2022

Award Date: June 24, 2022

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.



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

**EPILEPSY ASSOCIATION OF THE MARITIMES
MEMORIAL SCHOLARSHIP 2022**

CHECKLIST

The Epilepsy Association of the Maritimes' Memorial Scholarship 2022 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

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



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

**EPILEPSY ASSOCIATION OF THE MARITIMES
MEMORIAL SCHOLARSHIP 2022**

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 10, 2022

1. Name _____

2. Name _____

How did you find out about this scholarship? _____

Signature _____ Date _____

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



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

**EPILEPSY ASSOCIATION OF THE MARITIMES
MEMORIAL SCHOLARSHIP 2022**

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.

Please attach additional pages if required.

Signature of referee _____ Date _____

**PLEASE RETURN TO THE ADDRESS ABOVE BEFORE JUNE 10, 2022 BY MAIL OR
EMAIL WITH ELECTRONIC SIGNATURE**



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

**EPILEPSY ASSOCIATION OF THE MARITIMES
MEMORIAL SCHOLARSHIP 2022**

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 _____

GOAL – CAREER _____

Please attach one additional page if required