



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)

### THE DI SETCHELL MEMORIAL BURSARY 2022 #1

#### DESCRIPTION

The Epilepsy Association of the Maritimes' Di Setchell Memorial Bursary #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 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 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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## THE DI SETCHELL MEMORIAL BURSARY 2022 #1

### CHECKLIST

The Epilepsy Association of the Maritimes' Di Setchell Memorial Bursary 2022 #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 2022 #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 10, 2022**

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

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

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

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



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**THE DI SETCHELL MEMORIAL BURSARY #1**

**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  
EMAIL WITH ELECTRONIC SIGNATURE**

**BY MAIL OR**



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**THE DI SETCHELL MEMORIAL BURSARY 2022 #1**

**REVENUE EXPENSE FORM**

**Please remember a full 2022 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 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 EXPENDITURES</b>                       | \$ |



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**THE DI SETCHELL MEMORIAL BURSARY 2021 #1**

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

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**GOAL – CAREER** \_\_\_\_\_

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*Please attach one additional page if required*