



BC Epilepsy Society

2010 Scholarship Award Program

Program Description

The BC Epilepsy Society is pleased to offer scholarships to students in British Columbia living with epilepsy who currently attend or plan to attend a post-secondary institution of education or training. Students will receive a \$1,000 scholarship applicable to the 2010 - 2011 academic year.

Eligibility

Application for a \$1,000 scholarship is open to British Columbia students aged 16 years and older who are Canadian citizens or who have landed immigrant status (please include a copy of your immigration papers) and who are currently under a Canadian physician's care for epilepsy. Your family physician may endorse your application if you do not have an appointment with your neurologist in the near future. Visa students are not eligible for this award.

An applicant must be a current member of the BC Epilepsy Society. A membership form is attached to this package.

Part 1: General Information

Name:

Age:

Address & City:

Postal Code:

Telephone:

Email:

Canadian Citizen Landed Immigrant (include a copy of your immigration papers)

How did you learn of this scholarship? _____

Recommending Physician:

Address & City:

Postal Code:

Telephone:

Email:

Physician's Signature: _____

Have you ever applied for one of our scholarships in the past? _____ Y/N

Section A

Fill in this section if you are currently a high school senior with a completed application to a Canadian university, college, or trade school.

Name of High School:

Address of High School:

Postal Code:

Expected Graduation Date: _____

Post Secondary Institutions to which you have applied:

Section B

Fill in this section if you are currently an undergraduate student attending a Canadian university, college, or trade school. Please include a copy of your most recent transcript.

Name of Post Secondary Institution:

Address of Post Secondary Institution:

Postal Code:

Expected Graduation Date: _____

Section C

Fill in this section only if you are currently a Canadian university/college senior applying for graduate school.

Name of University/College:

Address of University/College:

Postal Code:

Expected Graduation Date: _____

Graduate schools to which you have applied:

Part 2: Resume

Please prepare and submit a resume detailing your education, work experience, and other achievements or interests.

Part 3: Essay

Please prepare and submit a short essay of no fewer than 600 and no more than 1,200 words addressing the theme “How I can help increase epilepsy awareness in my community.” Hand written essays will not be accepted.

Part 4: Enclosures

1. Please include three (non-family) letters of recommendation with your application. In order to be eligible, one of these references must be from academia e.g. teacher, professor, principal, dean.
2. If landed immigrant status applies, please include a copy of your immigration papers.
3. Attach an unofficial copy of your current academic transcript.

4. Attach a copy of your university, college, trade school, or graduate school application(s), acceptance letter(s), or confirmation of enrolment. If these items are unavailable, please enclose a list of the addresses and telephone numbers of the admission office(s).

5. Attach a completed membership application if you are not a current member of the BC Epilepsy Society.

Part 5: Waiver (optional)

I hereby agree and declare to the BC Epilepsy Society and its partners as follows:

- That I hereby give the BC Epilepsy Society my permission to use, reproduce, copy, publish, broadcast, or otherwise use my name, picture, likeness, and/or comments attributed to me, or any material based upon or derived there from this submission;
- That any comments attributed to me represent my own personal views;
- That I agree and understand that I do not and shall not have any right of approval of any element, any claim for additional compensation or benefit, nor any claim (including litigation, claims based on invasion of my privacy, right to my image, defamation, or right of publicity) arising out of or related in any way to the use of the information contained in this submission.

Agreed to this _____ day of _____, 2010.

Signed: _____ Witness: _____

Parent or guardian must sign if applicant is under 18 years of age.

Applications can be postmarked no later than May 31, 2010 to be eligible for scholarship awards for the 2010 – 2011 academic year. You may contact our office to confirm our receipt of your application. Successful applicants will be notified by June 30, 2010.

Please return this application by mail or courier to:

BC Epilepsy Society
Attention: Executive Director
#510 – 999 West Broadway
Vancouver, BC
V5Z 1K5



MEMBERSHIP FORM

The British Columbia Epilepsy Society is a non-profit, charitable organization dedicated to serving the well being of people living with epilepsy. We empower, educate, and support British Columbians living with epilepsy and their families, and fund research to find a cure.

BENEFITS OF MEMBERSHIP INCLUDE:

- Yearly subscription to our newsletter
- Free admission to our annual lecture series
- Eligibility for post-secondary scholarships
- Voting privileges at our AGM
- Loaning privileges from our resource library
- Access to free tickets for recreational events
- Subscription to our monthly e-newsletter
- Eligibility for subsidies to kids camps

INDIVIDUAL/ORGANIZATION NAME:

New Membership Renewal

ADDRESS:

CITY AND POSTAL CODE:

PHONE NUMBER:

EMAIL:

COST:

- \$10.00 Individual
 \$50.00 Organization

PAYMENT BY: Visa MasterCard Cheque Cash

PLEASE MAKE CHEQUES PAYABLE TO: BC Epilepsy Society

CREDIT CARD NUMBER:

EXPIRY DATE:

NAME ON CARD:

WHO IS LIVING WITH EPILEPSY? CHILD ADULT WOMAN SENIOR

MEMBERSHIP IS VALID FOR ONE YEAR FROM OUR ANNUAL GENERAL MEETING HELD IN MARCH
THANK YOU FOR YOUR SUPPORT

#510 - 999 West Broadway, Vancouver, British Columbia V5Z 1K5
Phone: 604-875-6704 Fax: 604-875-0617
E-mail: info@bcepilepsy.com Website: www.bcepilepsy.com