



BC Epilepsy Society

2017 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 2017 – 2018 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.

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? _____ Yes/No

Section A

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

Name of High School: _____

Address of High School: _____

Postal Code: _____ Expected Graduation Date: _____

Post-Secondary programs to which you have applied: _____

Section B

Fill in this section if you are currently a student attending a Canadian university, college, or vocational/technical program. Please include a copy of your most recent transcript.

Name of Post-Secondary Program: _____

Address of Post-Secondary Program: _____

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: Résumé

Please prepare and submit a résumé 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 all of the following questions:

- How has epilepsy affected your life?
- What do you hope to gain from your educational experience?
- Why should the BC Epilepsy Society award a scholarship to you?

Part 4: Enclosures

1. Please include two (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, or dean.
2. If landed immigrant status applies, please include a copy of your immigration papers.
3. Attach a copy of your current academic transcripts.
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).

Part 5a: 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. Your application will not be judged based on not agreeing to this portion of the waiver.

Agreed to this _____ day of _____, 2017.

Signed: _____ Witness: _____

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

Part 5b: Waiver (required)

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

- That any comments attributed to me represent my own personal views;
- I understand that information from my submission may be used by the BC Epilepsy Society in either hard copy or electronic format;
- 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 _____, 2017.

Signed: _____ Witness: _____

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

Successful applicants will be notified after July 31, 2017. Funds to successful applicants will be disbursed upon sending confirmation of enrollment and commencement of classes in September 2017.

Please return application by email no later than June 30, 2017 to:

info@bcepilepsy.com

Or, return by mail or courier to:

BC Epilepsy Society
Attention: Executive Director
#2500 – 900 West 8th Avenue
Vancouver, BC V5Z 1E5

Applications can be postmarked no later than June 30, 2017 to be eligible.