

SEE

Seizures & Epilepsy Education

Sponsored by Epilepsy Ontario

SPONSORSHIP REQUEST FORM

Please complete and mail back to:

Epilepsy Ontario
308—1 Promenade Circle
Thornhill, ON L4J 4P8

Application Date _____

Name(s) of Applicant(s) _____

Mailing Address _____

Phone Number (home) _____

Please Note: To be eligible for sponsorship, you must complete this application **in full** (two pages) and return it to Epilepsy Ontario and you must be a member of your local epilepsy agency.

CONFIDENTIAL

This is the information page that the Selection Committee will review.

Confidential Information (please answer ALL questions to be eligible for sponsorship):

1. What is the total of your monthly fixed expenses? _____
2. Do you or anyone in your household receive any financial assistance from the government? _____
If yes, how much per month? _____
3. What was your net household income (include any type of allowances) for 2006? _____
4. Do you have current membership at your local epilepsy agency? _____
What agency? _____

The cost per person to attend is \$94.00 for both days.

We are applying for assistance for the following number of people: _____

Our family will be able to pay \$ _____ (minimum \$20.00 per person)

We would like Epilepsy Ontario to consider us for \$ _____

Please briefly state your reasons for seeking sponsorship: _____

Any other comments? _____
