THE OSLER EPILEPSY SCHOLARSHIP





OVERVIEW

The 2017 Osler Epilepsy Scholarships are awarded to students across Ontario who are living with epilepsy and who meet the following criteria:

- Have been accepted to a post-secondary institution or currently pursuing a post-secondary education
- Currently under an Ontario physician's care for epilepsy
- Canadian citizen or Permanent Resident.

APPLICATION PROCESS

It is anticipated that up to four \$1,500 scholarships will be awarded. To apply for a \$1,500 scholarship:

- 1) Complete the application below.
- 2) Attach the following:
 - a. Brief covering letter written in your own handwriting
 - b. Copy of most recent academic transcript (unofficial transcript is satisfactory)
 - c. Evidence that you are under a Physician's care for epilepsy (letter, note or signature on application from Physician or Pharmacist)
 - d. Two letters of recommendation (not from a family member)
 - e. Copy of university/college acceptance letter or acknowledgement of receipt of application
 - f. Your Resumé

Note that award of the scholarship is contingent on successful acceptance to an Ontario College/University.

Epilepsy Ontario gratefully acknowledges the generosity of Osler Business Consulting Ltd. for its generous support of the Osler Epilepsy Scholarships whose commitment to the pursuit of education has assisted dozens of students living with epilepsy to continue their studies.

OSLER EPILEPSY SCHOLARSHIP APPLICATION FORM

☐ Scholarship Canada	 □ University/College □ Epilepsy Agency □ Epilepsy Ontario Social Media (Facebook, Twitter, etc.) □ Physician's Office 		
□ Referred by:			
GENERAL INFORMATION:			
Name:			
Address:			
City:	Province:	Postal Code:	
Telephone:			
E-mail:			
	tizen or □ Perman		
Physician's name:Address:			
Physician's name: Address: City:	Province:	Postal Code:	
Physician's name:	Province:	Postal Code:	
Physician's name: Address: City: Telephone:	Province: Physician/Pharm	Postal Code: acist's signature:	
Physician's name: Address: City: Telephone: Name of high school:	Province: Physician/Pharm	Postal Code: acist's signature:	
Physician's name: Address: City: Telephone: Name of high school: Expected graduation date:	Province: Physician/Pharm	Postal Code: acist's signature:	
Physician's name: Address: City: Telephone: Name of high school: Expected graduation date:	Province: Physician/Pharm	Postal Code: acist's signature:	-
Physician's name: Address: City: Telephone: Name of high school: Expected graduation date: Address of high school: City:	Province: Physician/Pharm	Postal Code: acist's signature:	-
Physician's name: Address: City: Telephone: Name of high school: Expected graduation date: Address of high school:	Province: Physician/Pharm	Postal Code: acist's signature:	-

RESUME

Please attach a copy of your résumé which should include education and work experience and any other achievements/interests that may be of relevance to the application.

TELL US YOUR STORY

Please tell us about a famous person who has epilepsy and what his/her life means to you.

Please ensure that your story is between 600 and 900 words using Times New Roman/12 point font, double spaced and attached to your application.

WAIVER

I hereby agree and declare to Epilepsy Ontario and its partners as follows:

- Epilepsy Ontario has 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;
- 2. The winning entries, including author's names, may be posted on Epilepsy Ontario's website and/or in social and/or print media;
- 3. Any comments attributed to me represent my own personal views;
- 4. 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, without limitation, claims based upon invasion of my privacy, rights 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.
- 5. Epilepsy Ontario has the right, in its sole discretion, to award scholarships to whomever it may decide or to refrain from awarding any scholarship and such decision shall be final and beyond appeal.

AGREED TO this day of	, 20	
Signed:		
(Student – Signature)	(Student – Please pr	int name)
Parent or guardian must s	ign if applicant is under	18 years of age.
 (Parent or Guardian – Please print name)	Signature	 Relationship

Applications must be received no later than 4:00 p.m., June 26, 2017

Please return this completed application form and all requested documents by mail or email to:

Osler Epilepsy Scholarship Awards

Epilepsy Ontario 803-3100 Steeles Avenue East Markham, ON L3R 8T3 E-mail: <u>info@epilepsyontario.org</u>
Telephone: 905-474-9696
Toll-free: 1-800-463-1119
Web: <u>www.epilepsyontario.org</u>