



with

*Presents*

## **The Osler Epilepsy Scholarship**

### **OVERVIEW**

The 2018 Osler Epilepsy Scholarships are awarded to graduating high school students across Ontario who are living with epilepsy and who meet the following criteria:

- Has been accepted to a post-secondary institution or currently pursuing a post-secondary education
- Currently under an Ontario physician's care for epilepsy
- A 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)
  - b. Evidence that you are under a Physician's care for epilepsy (letter, note or signature on application from Physician or Pharmacist)
  - c. Two letters of recommendation (not from a family member)
  - d. Copy of university/college acceptance letter or acknowledgement of receipt of application
  - e. 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. OES's commitment to the pursuit of education has assisted dozens of students living with epilepsy to continue their studies.*

## OSLER EPILEPSY SCHOLARSHIP APPLICATION FORM

To assist in ensuring that information about the scholarship reaches the broadest possible audience, please indicate below where you heard about the Osler Epilepsy Scholarship:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> High School                   | <input type="checkbox"/> University/College                                      | <input type="checkbox"/> Epilepsy Agency |
| <input type="checkbox"/> Epilepsy Ontario Website      | <input type="checkbox"/> Epilepsy Ontario Social Media (Facebook, Twitter, etc.) |  |
| <input type="checkbox"/> Scholarship Canada            | <input type="checkbox"/> Physician's Office                                      |  |
| <input type="checkbox"/> Other – please describe _____ |  |  |
| <input type="checkbox"/> Referred by: _____            |  |  |

### GENERAL INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check if  Canadian Citizen or  Permanent Resident

Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician/Pharmacist's signature: \_\_\_\_\_

Name of high school: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

Address of high school: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Universities or colleges to which you have applied. Please note those to which you have been accepted.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **RESUMÉ:**

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 Roman/12 point font and double spaced and attached to your application.

## **ALL AREAS OF THE APPLICATION MUST BE COMPLETED IN FULL**

### **WAIVER:** *(Please read carefully before submitting your application)*

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

1. 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 \_\_\_\_\_  
(month and year)

### **Signed:**

\_\_\_\_\_  
(Student – Please print name)

\_\_\_\_\_  
(Student – Signature)

### **Parent or guardian must sign 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 pm, June 15, 2018

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

## **Osler Epilepsy Scholarship Awards**

Epilepsy Ontario  
470 North Rivermede Rd  
Unit 15, 2<sup>nd</sup> Floor  
Concord, ON L4K 3R8

Telephone: 905-738-9431 Toll-free: 1-800-463-1119  
E-mail: [info@epilepsyontario.org](mailto:info@epilepsyontario.org) Web: [www.epilepsyontario.org](http://www.epilepsyontario.org)