

Epilepsy Association of Nova Scotia
The James Russell Kline and Jesse Payne Memorial Bursaries
APPLICATION FORM

(IF APPLYING FOR A BURSARY PLEASE DO NOT APPLY FOR A SCHOLASHIP TOO)

NOTE: Bursaries are based mainly on Financial Need AND Please also remember to complete the Expense Form

NOTE: BURSARY IS AWARDED BASED LARGELY ON FINANCIAL NEED. HOWEVER, SCHOLASTIC ACHIEVEMENT, WORK EXPERIENCE, VOLUNTEER AND EXTRACURRICULAR ACTIVITIES WILL BE TAKEN INTO CONSIDERATION.

Program Description: Any *recognized* post secondary program (worldwide)

Where: University, Community College, Business College, Continuing Secondary Education

Bursary Value \$500.00

Application Deadline: May 15th (referee forms must also be received by this date)

Award Date: June 15th

Eligibility – person who is:
(previous winners may apply)

1. under the care of a physician for the treatment of epilepsy, and
2. accepted for study at a recognized post secondary school (proof required), and
3. resided in Nova Scotia for the last 12 months, and
4. a Canadian citizen or landed immigrant

APPLICATION MUST INCLUDE:

Resume: Outlining your education, work experience, and volunteer activities

Written Goals (no more than 1 page): Outlining your educational and career goals
How epilepsy has affected your goals

Transcripts: An **official transcript** of your marks must be submitted with your application

Revenue/Expense form (form is attached to application): **Must be completed and submitted with application**

Two References: References must complete “Referee Form” and mail to Epilepsy Association by May 15th

Recommending Physician’s Name: Please have physician verify diagnosis of epilepsy by signing application

NOTE: FAILURE TO PROVIDE ALL REQUIRED DOCUMENTS WILL RESULT IN AN INCOMPLETE APPLICATION AND WILL NOT BE EVALUATED

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Name _____

(please print)

Address _____

_____ Telephone _____

Have you been accepted at a recognized post secondary school?

Please enclose a copy of acceptance

Have you resided in Nova Scotia for the last 12 months?

Are you a Canadian citizen or landed immigrant?

Do you have epilepsy?

Recommending Physician's name _____

Address _____

Telephone no _____

Physician's signature _____ Date _____

Written Submission of Goals

Resume of your education, volunteer and work experience

Transcript of your marks

References 1) _____ 2) _____

- Names of two individuals (not relatives) who can comment on your ability to accomplish your stated goals.
- Give each reference a referee form. References will complete and mail to the Epilepsy Association by May 15

Where/how did you find out about this bursary

Signature _____ Date _____

NOTE: FAILURE TO SIGN AND DATE APPLICATION WILL RESULT IN AN INCOMPLETE APPLICATION AND WILL NOT BE EVALUATED.

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REVENUE/EXPENSE FORM

Revenue per Month:	
Income from Full/Part Time Employment:	
Parental Assistance:	
Other Income:	
Total Revenue:	
Expenditures per Month:	
Tuition:	
Rent : OR	
Room and Board:	
Food:	
Utilities i.e. power, phone, cable, etc.:	
Books & Supplies:	
Transportation:	
Child Care Expenses (if applicable):	
Miscellaneous Expenses:	
Total Expenditures:	

The Epilepsy Association of Nova Scotia
The Medical Arts Building, Suite 306
Halifax, NS B3H 1Y1
Phone: (902) 429-2633
Fax: (902) 425-0821

Referee Form

Name of Applicant _____

Name of Referee _____ **Occupation** _____
(please print)

How long have you known the applicant _____

In what capacity _____

Please comment on the applicant's ability to achieve their educational goals.

Please use other side if needed

Signature of Referee

Date

Please return to the above address by
May 15