

Saskatchewan Epilepsy Sampson Memorial Scholarship

Please ensure you have this form filled out and returned to Saskatchewan Epilepsy Inc, preceeding class by one or two weeks in order to be reviewed for the \$1,000 Scholarship. This Scholarship will be awarded for a single semester or class. Applicants can re-apply in separate terms annually for Scholarships. Final marks must achieve 70% or greater. Send to Sk. Epilepsy Inc., Box 33016, Regina, SK. S4T 7X2

ENSURE ALL FIELDS ARE FILLED OUT

PART 1 : APPLICANT INFORMATION

First Name : _____ Last Name : _____

Telephone : _____ Email : _____

Address : _____

City & Province : _____ Postal Code : _____

Date of Birth :

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Year Month Date

S.I.N. (Voluntary only) _____ Female Male

Do you currently have epilepsy seizures? Yes No

OR

Does your parent currently have epilepsy seizures? Yes No

AN OFFICIAL LETTER FROM YOUR PHYSICIAN

MUST BE PROVIDED STATING EPILEPSY EXISTS IN YOUR IMMEDIATE FAMILY ATTACHED : Yes No

Are you a Saskatchewan Resident Yes No

PART II : HIGH SCHOOL EDUCATION

High School where you graduated : _____

City & Province : _____ Postal Code : _____

Date / Year of Graduation _____ Grade 12 Average _____

PART III : CURRENT / MOST RECENT POST SECONDARY EDUCATION

Current University / Post Secondary School : _____

Location : (City & Province) _____

What field are you majoring / specializing in? _____

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What year of classes are you in?

1st	2nd	3rd	Other
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Years Remaining : _____

Are you enrolled full-time defined by the institution you are in?

Yes No

Do you have permission at your post-secondary school to take a reduced workload due to a disability?

Yes No

Post-Secondary Contact Referral & Phone: _____

PART V : CAREER INTERESTS (VOLUNTARY ONLY)

Tell us about your career interests

SIGNATURE REQUIRED

I hereby certify that all information on this application is true and complete to the best of my ability and knowledge. I understand that should any investigation at any time disclose misrepresentation or false statement, my application may be rejected.

Signature

Date

I hereby agree that Saskatchewan Epilepsy may use general information only for statistics and that all personal information pursuant to my application shall not be disclosed to the general public.

Signature

Date