



The Epilepsy Association of the Maritimes
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EPILEPSY ASSOCIATION OF THE MARITIMES SCHOLARSHIPS AND BURSARIES 2025

DESCRIPTION

The Epilepsy Association of the Maritimes offers three Scholarships and Bursaries to students living in the Maritimes with a diagnosis of epilepsy and attending or accepted to attend a post secondary accredited educational institution. Students may apply for any or all awards for which they meet eligibility criteria. The amount for each award is \$1000.00 and will be paid directly to the school to which the successful candidate is enrolled.

- The Epilepsy Association of the Maritimes' Memorial Scholarship is open to all students who live with epilepsy in the Maritime Provinces and is based on academic performance. Applicants must have an overall average mark of 80 percent or above to be eligible for this scholarship.
- The Di Setchell Memorial Bursary is funded by the husband and family of the above named to memorialize her and to help students with epilepsy continue their education. Application is open to all full time post secondary students living in the Maritimes and is based on financial need. Preference is given to students attending Community College.
- The James Russell Kline Memorial Bursary was established by the family of Mr. Kline, who had a life-long love for education. This bursary is open for application by all students living in the Maritimes and is based primarily on financial need.

Application Deadline: May 2, 2025

Award Notification Date: May 23, 2025

Eligibility Requirements:

1. The applicant must be under the care of a physician for treatment of epilepsy. Please submit the requisite section of the application form signed by the treating physician in proof of this requirement.



2. The recipient must be a resident of the Maritime Provinces and be accepted for study at an accredited post-secondary institution. Proof of said acceptance must accompany the application form.
3. A transcript of marks from Grade 12 graduating year or equivalent must accompany the application. Please note that applicants for the Epilepsy Association of the Maritimes Scholarship must have attained an average mark of 80% or above considering all subjects taken in Grade 12 or equivalent.
4. All applicants are required to complete and supply a Revenue and Expense Form covering the entire school year. Note that both bursaries are awarded based primarily on financial need.
5. A completed Educational and Career Goals Form, along with a Resumé, must be included with the application (form provided with this package).
6. The applicant must provide written references from two individuals (not family members) who can attest to the applicant's ability to accomplish stated goals, using the reference form included with this package.
7. Previous recipients may reapply.
8. Should the recipient require time away from their educational program, they **must** notify the Epilepsy Association of the Maritimes of this break in their schedule.
9. It is an expectation that the successful applicant will engage with the Epilepsy Association of the Maritimes by attending events either in person or virtually or by volunteering as a peer support for others. By applying for a scholarship or bursary, the successful applicant consents to being contacted by representatives of the Epilepsy Association of the Maritimes to facilitate fulfillment of this expectation.
10. The successful applicant will be required write a formal thank you letter to the donor(s) of the Scholarship/Bursary.
10. The successful applicant will be required to provide a picture of themselves, along with a short description of their life and career aspirations for inclusion in social media, including the EAM Newsletter and Website.
11. Notification of the Award will be provided to the successful applicant's high school or equivalent.

**INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER THE
DEADLINE WILL NOT BE ACCEPTED FOR REVIEW**
Epilepsy Association of the Maritimes Scholarship and Bursaries



APPLICATION FORM 2025

Please circle the Scholarship/Bursaries for which you are applying:

- EAM Memorial Scholarship
- James Russell Kline Memorial Bursary
- Di Setchell Memorial Bursary
- All three

Applicant's Name

Address

Email Address _____

Cell Phone# _____

Recommending Physicians name and designation

Office Address

Office Telephone Number

Physician's Signature

_____ Date _____

REFERENCE FORM #1



their completed reference forms in sealed envelopes and return to the applicant for inclusion with the completed application package.

Name of Applicant _____

Name of Referee _____

Referee's Occupation _____

Email address _____

How long have you known the applicant? _____ in what capacity?

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

Please attach additional pages if required.

Signature _____ Date _____

REVENUE AND EXPENSE FORM

Please submit revenue and expenses for the entire 12-month period as educational programs may vary in length



Applicant's Name _____ Date _____

Revenue per 12 months	\$
Income from full or part time employment	\$
Parental/family assistance	\$
Other grants/bursaries	\$
Other Income	\$
TOTAL REVENUE	\$
Expenditures per 12 months	
Tuition	\$
Rent/Room and Board/Residence	\$
Food	\$
Utilities (cell, power, phone, internet, cable)	\$
Books and supplies	\$
Transportation	\$
Childcare	\$
Necessities (clothing, personal care etc)	\$
Miscellaneous expenses	\$
TOTAL ANNUAL EXPENDITURES	\$

APPLICANT'S EDUCATIONAL AND CAREER GOALS

Please list below goals for your education and career. Indicate what you need to do to achieve your individual goals and any anticipated challenges, particularly pertaining to



your epilepsy diagnosis. Your goal statement should be no longer than 2 pages in length.

Applicant's Name _____ Date _____

EDUCATION GOAL(S)

CAREER GOAL(S)

Please attach one additional page if required.

PLEASE RETURN ALL NECESSARY DOCUMENTATION (see checklist below) WITH APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE RETURN TO:

The Epilepsy Association of the Maritimes



association
maritime de
l'épilepsie

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Checklist:

- Completed application form with treating physician's information and signature
- Transcript of marks
- Completed Revenue and Expense Form
- Letter of acceptance from post-secondary educational institution
- Two reference forms
- Goals Statement
- Resumé

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