



The Epilepsy Association of Nova Scotia  
306-5880 Spring Garden Road, Halifax, N.S. B3H 1Y1  
Tel: 902-429-2633 Fax: 902-425-0821  
[ed@epilepsyns.org](mailto:ed@epilepsyns.org)  
[www.epilepsyns.org](http://www.epilepsyns.org)

## EPILEPSY ASSOCIATION OF NOVA SCOTIA

### THE JAMES RUSSELL KLINE MEMORIAL BURSARY 2018

#### DESCRIPTION

The Epilepsy Association's James Russell Kline Memorial Bursary is open to all students who live with epilepsy in Nova Scotia and is awarded *based on financial need*. If you have applied for a bursary, *you may also apply for additional bursaries and/or scholarships but you must meet the criteria* and all applicants will be considered.

- Program Description:** Any recognized post secondary program (worldwide)
- Bursary Value:** \$500
- Application Deadline:** June 8, 2018
- Award Date:** June 22, 2018
- Eligibility:**
1. Under the care of a physician for treatment of epilepsy
  2. Accepted for study at a recognized post secondary institution
  3. A permanent resident of Nova Scotia
  4. Previous recipients may reapply
  5. If you are a Nova Scotia student and have applied for this bursary, you may also apply for a scholarship if you meet the criteria
- Application must include:**
1. Checklist completed indicating all accompanying documents
  2. Application completed and signed by a physician
  3. Two references who can speak of your ability to achieve your academic goals who are not relatives (please use referee forms)
  4. Revenue Expense Form completed
  5. Goals – Education and Career (no more than 2 pages)
  6. Resume
  7. Acceptance letter from recognized post secondary institution
  8. Official transcripts

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. CHECKLIST MUST ACCOMPANY ALL APPLICATIONS.**



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#### CHECKLIST

The Epilepsy Association of Nova Scotia's James Russell Kline Bursary is available to all students in Nova Scotia who wish to pursue an academic career but *have a financial need*. If you have applied for a bursary, *you may also apply for additional bursaries and/or scholarships but you must meet the criteria* and all applicants will be considered.

To have your application considered, you **MUST** include this checklist and each item listed below:

1. Checklist
2. Application completed
3. Two Referee Forms
4. Revenue Expense Form
5. Goals
6. Resume
7. Acceptance Letter
8. Official transcripts



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**THE JAMES RUSSELL KLINE MEMORIAL BURSARY**

**APPLICATION FORM 2018**

*(please print)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Recommending Physician's name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_

References – 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 or Email with electronic signature directly to the Epilepsy Association of Nova Scotia before June 8, 2018.

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

How did you find out about this scholarship? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**REFEREE FORM 2018**

*(please print)*

Name of Referee \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Name of Applicant \_\_\_\_\_

How long have you known the applicant \_\_\_\_\_ in what capacity? \_\_\_\_\_

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

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Please attach additional pages if required.

Signature of referee \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO THE ADDRESS ABOVE BEFORE JUNE 8, 2018 BY MAIL OR  
 EMAIL WITH ELECTRONIC SIGNATURE**



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**REVENUE EXPENSE FORM 2018**

<b>Revenue per Month</b>	\$
Income from full or part time employment	\$
Parental Assistance	\$
Other Income	\$
<b>TOTAL REVENUE</b>	\$
<b>Expenditures per Month</b>	
Tuition	\$
Rent/Room and Board/Residence	\$
Food	\$
Utilities (cell, power, phone, internet, cable)	\$
Books and supplies	\$
Transportation	\$
Child Care	\$
Necessities (clothing, personal care etc)	\$
Miscellaneous expenses	\$
<b>TOTAL EXPENDITURES</b>	\$



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**GOALS FORM 2018**

**Please list below your goals for your education and your career. Tell us what your goals are in each category, what do you need to do to achieve those goals and any anticipated challenges, particularly pertaining to your epilepsy. Your goals must be no longer than 2 pages.**

**GOAL – EDUCATION** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GOAL – CAREER** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please attach one additional page if required*