



# Jim Hierlihy Memorial Scholarship

## Application Form

PERSONAL INFORMATION	
First Name	Last Name
Address	
City/Town	Province
Postal Code	S.I.N.
Telephone	Date of Birth (mm/dd/yyyy)
Father's Name	Father's Occupation
Mother's Name	Mother's Occupation
EDUCATIONAL INFORMATION	
High School Attended	Date of Graduation
Post-Secondary School You Are Currently or Will Be Attending	Start Date for Post-Secondary
Educational and Career Goals	
Community and Extra-Curricular Activities	
Other Assistance or Scholarships Applied For	
Other Assistance or Scholarships Awarded	
MEDICAL INFORMATION	
What Type of Epilepsy Do You Have?	
When Were You Diagnosed?	
How Did You Find Out About This Scholarship?	
Briefly state how epilepsy has affected your life. (Use back of application if more space needed)	

For scholarship consideration, please forward this application, along with a copy of your most recent academic transcript or marks to:



**Epilepsy Newfoundland and Labrador**

26 O'Leary Avenue

St. John's, NL A1B 2C7

Telephone: (709) 722-0502 or toll free 1-866-EPILEPSY

Fax: (709) 722-0999

Email: [info@epilepsynl.com](mailto:info@epilepsynl.com)

Website: [www.epilepsynl.com](http://www.epilepsynl.com)

**Applications must be received at the office no later than November 1<sup>st</sup> of the current academic year.**