



Jim Hierlihy 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)


EDUCATIONAL INFORMATION

Highest Education Completed	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 to:

**Epilepsy Newfoundland and Labrador**
26 O'Leary Avenue, St. John's, NL A1B 2C7
Telephone: (709) 722-0502
Fax: (709) 722-0999
Email: info@epilepsynl.com
Website: www.epilepsynl.com

Applications must be received at the office no later than November 1st of the current academic year.