**RON DIXON Memorial Technical Scholarship**

**Purpose:**

To assist students with learning restrictions in their pursuit for technical education and training.

**Awards:**

One scholarship in the amount of $500.00 is available for the academic year beginning September 2015.

**Conditions/Eligibility:**

To be considered…scholarship applicants must:

Applicants must have diagnosed epilepsy or seizure disorder that restricts the ability of a person to perform the activities necessary to participate in educational activities. This limitation is expected to remain with the person for life. The applicant must be a resident of Manitoba and a current member in good standing of the Epilepsy and Seizure Association of Manitoba at the time of scholarship application. Membership is $10.00 and applications are available through the office.

* Be a high school student entering a trade course or apprenticeship program.
* The award holder must submit to the Epilepsy and Seizure Association of Manitoba confirmation of admission or enrollment to a trade course or apprenticeship program as soon as possible after selection, but no later than May 15th of the academic year.
* Be a student that meets required hours for course.
* Demonstrate perseverance, work ethic, respect, tolerance and compassion for others and be a positive role model to others.
* Not be involved in the selection process or be a close family member of any scholarship selection committee member.
* Not have been awarded one of these scholarships in the past. Scholarships are not renewable, one time payment only.

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**Criteria:**

The applications of candidates meeting the above considerations will be forwarded to the selection committee. Applications are evaluated on a number of factors including:

* Community involvement
* Approach to overcoming barriers
* Educational goals and direction
* Personal goal achievements
* Charity involvement and their determination to overcome seizures

or the effects of their seizures that have interrupted daily life.

**To Apply:**

To be considered, all parts of the scholarship application form must be completed in full and all supporting documentation must be included. All required documentation must be received at the Epilepsy and Seizure Association of Manitoba (for address, see below) **no later than 4:00 pm on March 31st, 2017.**

Submission of an application signifies an applicant’s agreement to comply with all stated conditions of the award program. This includes permission to include recipients name.

**Applications:**

Application forms are available through the Epilepsy and Seizure Association of Manitoba website: [www.manitobaepilepsy.org](http://www.manitobaepilepsy.org/)

Applications can be mailed or delivered to:

                                    Epilepsy and Seizure Association of Manitoba

                                    4 – 1805 Main Street

                                    Winnipeg, Manitoba

                                    R2V 2A2

                                    Phone: (204) 783-0466

                                    Toll Free: 1-888-780-ESAM

                                    Fax: (204) 784-9689

                                    E mail: esam@manitobaepilepsy.org

All applicants will be notified of the selection results.

This award will be paid to the successful applicant.

Notification of award will be made no later than May 30th.

The successful applicant should be available in person to receive his/her award at a formal presentation.

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**Additional Requirements:**

- Please include a **minimum** of **two** letters of reference with this application. Ideally, the reference letters will touch on the obstacles the applicant has overcome:

-         One from a past or current teacher, and one from a work experience teacher.

-         One from an individual, other than a family member, who

has known you for more than one year.

- Please have official transcripts or report cards for the last two years of study forwarded to the application address by the submission deadline.

**Please forward two copies of this application to:**

**Scholarship Committee**

**Epilepsy And Seizure Association of Manitoba**

**4 – 1805 Main Street**

**Winnipeg, Manitoba**

**R2V 2A2**

**Deadline:              March 31st, 2017**

Misrepresentation of any information in this application will result in rejection of the application and/or requirement of repayment of any monies awarded. With the exception of names, current school attending, anticipated education program, institution of the award recipients, the information contained in this application will be held in confidence.

I certify that all information provided in this application is true and complete to the best of my knowledge. I agree to comply with all requirements and criteria of this scholarship program. This includes permission to include my name in press releases and promotional material, as well as permission to announce my name as winner in the Epilepsy and Seizure Association’s newsletter and website if my application is successful.

\* I grant the Epilepsy and Seizure Association of Manitoba permission to contact me in future years to follow up on my progress (please circle or highlight). YES / NO

Signature of Applicant:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:                            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RON DIXON Memorial Technical Scholarship Application**

**Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City& Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please answer the following questions. If needed, please attach additional sheets for your answers.**

1. Please describe how epilepsy/seizures has affected you.
2. What barriers have you encountered while working toward your academic goals? How did you overcome these obstacles?
3. Describe your education and career goals. Please highlight why you are interested in pursuing this career path and what strengths you bring to your chosen path.
4. Educational institution you are currently attending:

School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & Province:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current grade:\_\_\_\_\_\_\_\_\_\_

1. Trade school or apprenticeship course:

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree, Certificate or Diploma you wish to obtain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Ron Dixon Memorial Technical Scholarship

Awarded by the Epilepsy and Seizure Association of Manitoba

Attn: Superintendants, Principals, Teachers, Guidance Counselors

Currently our charitable organization the Epilepsy and Seizure Association of Manitoba (E.S.A.M.) has a Technical Scholarship available to a student who has epilepsy or seizures that have affected their learning experience between the grades of 1 – 12. They will have persevered through tough times with determination to better their education. We wish to recognize outstanding individuals from the Province of Manitoba who are pursuing higher education as part of their efforts to live beyond the limitations posed by epilepsy and seizures.

We are excited to help motivated students get a step closer to make their career dreams come true.

This student may be part of your technical education program.

They must demonstrate perseverance, work ethic, respect, tolerance and compassion for others and be a positive role model to others. We will select those based on personal goal achievements, community, charity involvement and their determination to overcome seizures or the effects of their seizures that have interrupted daily life. They may apply by completing the application found on the E.S.A.M. website: www.manitobaepilepsy.org

Reference letters may be supplied by teachers and staff that have witnessed their experience.

The recipient will receive $500.00 for tuition at a college, technical school or special training that will further their employment.

In addition to the award we ask that you circulate and share the information with your staff regarding Purple Day, March 26that we have provided.

The Epilepsy and Seizure Association of Manitoba offers various types of support to people living with epilepsy and seizures along with their families and friends, employers and others.