

## **PURPLE TEDDY AWARD**

The Epilepsy Newfoundland & Labrador Purple Teddy Award, is available to any resident of Newfoundland & Labrador, under the age of eight (8) who has epilepsy and is using their epilepsy to educate their family, school and/or community.

**Purpose of Award:** To recognize children under the age of eight (8) who are making a difference in Newfoundland & Labrador by using their lived experience with epilepsy to educate others.

**Value of Award:** A Purple Teddy.  
Because the Purple Teddy Award is a once in a lifetime award, the award may be won only once in a lifetime.

**Qualifications:** Applicants must:

- be under the age of eight (8)
- have been diagnosed with epilepsy,
- be a resident of Newfoundland & Labrador
- use their epilepsy to educate others

**Closing Date:** Applications must be received by Epilepsy Newfoundland and Labrador no later than March 1<sup>st</sup>.

**Award:** The Teddy will be presented directly to the successful applicant. Notification of award will be made no later than March 26<sup>th</sup>. The successful applicant should be available in person to receive their award at a formal presentation.

Please forward application, by fax, email, or post to:

**Epilepsy Newfoundland and Labrador, 351 Kenmount Road, St. John's, NL A1B 3P9**  
Phone: (709) 722-0502 or 1-866-EPILEPSY Fax (709) 722-0999  
info@epilepsynl.com www.epilepsynl.com

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|-----------------------------|----------------------------|
| <b>PERSONAL INFORMATION</b> |                            |
| First Name                  | Last Name                  |
| Address                     |                            |
| City/Town                   | Province                   |
| Postal Code                 | Email                      |
| Telephone                   | Date of Birth (mm/dd/yyyy) |

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|---|
| <b>MEDICAL INFORMATION</b>  |
| What type of epilepsy/seizures do you have?   |
| When were they diagnosed?   |
| Name of your treating physician?  |
| How did you find out about this award?  |
| Explain how epilepsy has affected you/your family's life.<br>(Please feel free to use a separate sheet or the back of this application) |

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| <b>EDUCATIONAL INFORMATION</b>   |
| How have you used your epilepsy to educate others?<br>(Please feel free to use a separate sheet or the back of this application) |

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| <b>Award Recognition</b>  |
| Explain what this Award would mean to you, and how you would use the Award.<br>(Please feel free to use a separate sheet or the back of this application) |

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| <b>Consent</b>   |       |
| I, the undersigned, have read, understand, agree, and certify that all information contained in this completed application is true and accurate. I irrevocably grant Epilepsy Newfoundland & Labrador the right and permission to: (1) Publicly disclose and use my name, address, likeness, age and/or award information for promotional or other purposes; and, (2) Copy, modify, and use the content included in the application in whole or in part. |       |
| Signature of applicant   | Date  |
| -----  | ----- |
| Signature of Parent/Guardian   | Date  |
| -----  | ----- |