



Epilepsy Newfoundland and Labrador

Ron E.G. Stone President's Award

The Ron E.G. Stone President's Award is awarded to a person living with epilepsy who has shown perseverance in overcoming the obstacles epilepsy may present. Valued at \$1000, it honors Ron Stone on the 25th anniversary of his volunteerism on the board of Epilepsy Newfoundland & Labrador. Ron has served on the board in varied capacities and has been President of the board since 1997. Ron has no personal connection to epilepsy other than his love of helping people. His loyalty and dedication have inspired us to present this award to a person who demonstrates those same qualities.

- Purpose of Award:** To recognize a person with epilepsy, over the age of 18, who has achieved a personal goal through perseverance, while navigating obstacles presented by epilepsy.
- Value of Award:** One time award of One thousand dollars (\$1,000.00)
- Qualifications:** Applicants must:
- be 18 or older
 - have been diagnosed with epilepsy,
 - be a resident of Newfoundland & Labrador
 - demonstrate successful accomplishment of goal
- Closing Date:** Applications must be received by Epilepsy Newfoundland and Labrador no later than March 1st.
- Award:** This award will be paid directly to the successful applicant. Notification of award will be made no later than March 26th. 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

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

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

Demonstrated Eligibility
What was your goal, what challenges did your epilepsy present, how did you successfully navigate these obstacles to achieve your goal? (Please feel free to use a separate sheet or the back of this application)

Award Recognition
Explain what this Award would mean to you. (Please feel free to use a separate sheet or the back of this application)

Consent	
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
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