

PURPLE STAR AWARD

The Epilepsy Newfoundland & Labrador Purple Star Award, valued at \$1000, is available to any resident of Newfoundland & Labrador who has epilepsy and is using their epilepsy to educate their family, school, workplace, and/or community.

- Purpose of Award:** To recognize ordinary men, women, and children, making a difference in Newfoundland & Labrador by using their lived experience with epilepsy to educate others.
- Value of Award:** One thousand dollars (\$1,000.00) non-renewable
- Qualifications:** Applicants must:
- 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 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 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. (Please feel free to use a separate sheet or the back of this application)

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

Award Recognition
Explain what this Award would mean to you, and how you would use the money. (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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Signature of Parent/Guardian if applicant is under 18	Date
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