



2008 Scholarship Application: Criteria for application are that applicants have a diagnosis of epilepsy or seizure disorder and must submit a doctor's statement verifying the diagnosis or disorder.

Please Print Clearly:

Date: _____

Last Name: _____

First Name: _____ Middle Initial: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Name of school currently attending (if any): _____

Name of school you will be attending during next academic year: _____

Please submit acceptance into school you will be attending and year you will be entering.

- Freshman
- Sophomore
- Junior
- Senior
- Graduate
- Other (specify)

Please indicate if you will be:

- Full Time Day
- Part Time Day
- Evening

_____ Number of credits per semester

Major or field of study: _____

On separate paper:

List all special awards of honors received during high school, college or work related:

List all activities in High School, College or Employment:

List activities outside of school or employment (clubs, hobbies, etc.):

Work Experience: List employers and dates worked (include resume if available).

Personal Comments (using lined paper or type): Please attach a short essay (220 words maximum) about your academic & career goals and how having epilepsy has affected or influenced these goals and your work towards achieving them.

TRANSCRIPTS

1. Applicants for first year student must furnish a High School transcript, Individual Education Plan (IEP), or proof of GED
2. Applicants for continuing students must furnish a complete transcript for the first semester of the current academic year.

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