

SEIZE YOUR EDUCATION FUND
EPILEPSY FOUNDATION HEART OF WISCONSIN
2017 EPILEPSY COLLEGE SCHOLARSHIP PROGRAM

Scholarship Application

Due May 1, 2017

Criteria for Eligibility and Scholarship Guidelines



**EPILEPSY
FOUNDATION**
Heart of Wisconsin

www.epilepsywisconsin.org

Criteria for the Eligibility and Scholarship Guidelines

The Epilepsy Foundation Heart of Wisconsin realizes that everyone learns and grows through continued educational opportunities. For many struggling with epilepsy and the financial constraints it can impose, going on to college or continuing a college education can represent another struggle. As a result, the Epilepsy Foundation Heart of Wisconsin with the assistance of Sara White has created the Seize Your Education Fund to raise money for an Epilepsy College Scholarship Program and award a scholarship to an individual with epilepsy. The scholarship will be awarded in 2017 for the amount of \$1,200. In order for applicants to be considered, the application, essay, and three reference letters must be received by **May 1, 2017**. Once you complete your application and essay please submit application materials by mail or scan documents and email to scholarship@epilepsywisconsin.org. References may also mail or scan and email their letters. For further information including addresses, criteria, and eligibility please see as follows.

- Mailing address is as follows:

Epilepsy Foundation Heart of Wisconsin
1302 Mendota Street, Ste 100
Madison, WI 53714

- Scanned images can be emailed to scholarship@epilepsywisconsin.org

1.) Diagnosis of epilepsy.

2) Preference given to those currently residing within the [Epilepsy Foundation Heart of Wisconsin's service area](#).

3.) Recent High School graduate, undergraduate or graduate student enrolled in the upcoming semester at a college or technical university.

4.) Currently pursuing a career or professional job and your goal requires a post-secondary education.

5.) GPA of 3.0 or above.

6.) 3 letters of recommendation from a healthcare team member, school official, and community member. Please see definitions below:

- **Healthcare Team Member** includes physicians, nurse practitioners, physician assistants, or any certified practitioner directly involved in treating your epilepsy.
- **School Official** is any employee of the school in which you are enrolled or most recently graduated; this includes, but is not limited to, teachers, special-interest group instructors, or coaches.

- **Community Member** is someone whom you know well, such as an athletic instructor or coach, work supervisor, pastor, or another person you know from your community involvement such as your Boy Scout/Girl Scout leader.

7.) Completion of the application and one to two page (250-500 words) essay answering the following question:

How have you positively dealt with your epilepsy in a way that increased community awareness and changed individuals' view of people with epilepsy?

Scholarship Application

Parent/Guardian Name: _____
(Required If Student Is Under The Age Of 18)

Student Name: _____

Birthdate of Student: _____ **Male/Female:** _____

School (if applicable): _____ **Grade:** _____

Address: _____

City: _____ **State:** _____

Zip: _____ **Phone Number (home):** _____

Cell Phone (if only number): _____

E-mail: _____

All applicants must meet the Eligibility Requirements. The scholarship recipient also agrees to allow the Epilepsy Foundation Heart of Wisconsin to use his or her story to promote the Seize Your Education scholarship fund with future applicants and potential donors.

Applicant's signature _____

Parent signature (if under age 18) _____

