



SEIZE YOUR EDUCATION FUND
EPILEPSY FOUNDATION OF WISCONSIN
2021 EPILEPSY COLLEGE SCHOLARSHIP PROGRAM

Scholarship Application

DUE MARCH 12, 2021

Criteria for Eligibility and Scholarship Guidelines

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The Epilepsy Foundation of Wisconsin realizes that everyone learns and grows through continued educational opportunities. For many struggling with epilepsy and the financial constraints it can impose, continuing a college education can represent another struggle. As a result, the Epilepsy Foundation 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 2021 for the amount of \$1,200. In order for applicants to be considered, the application, essay, and three reference letters must be received by **March 12, 2021**. Once you complete your application and essay please submit application materials by email to jmirasola@epilepsywisconsin.org, John Mirasola, Client Support Services of the Epilepsy Foundation of Wisconsin. References may also email their letters to jmirasola@epilepsywisconsin.org. For further criteria and eligibility please see as follows.

- 1.) Diagnosis of epilepsy.
- 2.) Not a previous recipient of this scholarship program.
- 3.) Preference given to those currently residing within the State of Wisconsin.
- 4.) Current student pursuing an associate, undergraduate or technical college program degree.
- 5.) A copy of your most recent academic transcript.
- 6.) **THREE** 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. This includes, but is not limited to, teachers, special-interest group leaders, 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 a 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

Name:

Student Name:

Birthdate of Student: Male / Female / Prefer Not to Answer:

School: Current Grade:

Address (Legal home residence according to school records):

City: State:

Zip:

Best Phone Number:

E-mail:

Applicant signature:

**Note: The check box above will serve as your official signature*

**All applicants must meet the Eligibility Requirements. The scholarship recipient also agrees to allow the Epilepsy Foundation of Wisconsin to use their story to promote the scholarship fund with future applicants and potential donors.*

***Upon Completion:**

1. Save THIS document as a MS Word PDF document under the title: ***“(your full name) Application”***
2. Save your essay as a SEPARATE Word/PDF document under the title: ***“(your full name) Essay”***
3. Photocopy your transcript (or save if received via email) under the title: ***“(your full name) transcript”***
4. email it to: jmirasola@epilepsywisconsin.org with the subject line: ***“(your full name) Scholarship.”***
5. Attach ALL documents to the SAME email

QUESTIONS: email: jmirasola@epilepsywisconsin.org