

**SEIZE YOUR EDUCATION SCHOLARSHIP
EPILEPSY FOUNDATION HEART OF WISCONSIN
2019 EPILEPSY COLLEGE SCHOLARSHIP PROGRAM**

Scholarship Application

Due May 3, 2019

Criteria for Eligibility and Scholarship Guidelines



www.epilepsywisconsin.org

Seize Your Education Scholarship

We realize that many people learn and grow through continued educational opportunities. For those 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 Scholarship to award an individual with epilepsy. In 2019, the scholarship winner will be awarded **\$1,200**. To be considered all documents must be received by **MAY 3, 2019**. Completed applications must be submitted following the instructions below:

ELIGIBILITY REQUIREMENTS

Applicants Must...

1. Have a diagnosis of epilepsy.
2. Live in the State of Wisconsin (Preference given to those residing within the Epilepsy Foundation Heart of Wisconsin's service area. See: www.epilepsywisconsin.org for details)
3. Be high school senior, undergraduate or graduate student applying or enrolled in the Fall 2019 semester at a college, university or technical college.
5. Have a GPA of 3.0 or above at time of submission.
6. Have three letters of recommendation submitted. One each 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 graduated from; this includes, but is not limited to, teachers, special-interest group instructors, guidance counselors 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 (e.g. Boy Scout/Girl Scout leader). Note: this may not be a family relative
7. Complete the applicant information form and write out their answer to the essay question

INSTRUCTIONS FOR APPLICATION

Complete the following application data form

Parent/Guardian Name: _____

(note: Required if the student is under the age of 18)

Student Name: _____

Birthdate of Student: _____ **Circle One: Male Female Prefer not to answer**

Current 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 _____

Answer the following essay question (250-500 words) using a “Word” document:



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

Save your document as a PDF

SUBMISSION INSTRUCTIONS

If you wish to submit your application by US Postal Mail. . .

Gather all three of your reference letters, your application information form and your essay question answer. Mail to following address:

Epilepsy Foundation Heart of Wisconsin
1302 Mendota St.
Suite 100
Madison, WI 53714

If you wish to submit your application by email. . .

1. Scan all three of your reference letters into a PDF document
2. Scan your applicant information form into a PDF document
3. Attach your essay question document
4. Email all documents to the following address:

info@epilepsywisconsin.org

Make sure your “subject” line reads “scholarship application for (your name)”