

Epilepsy Foundation of New Jersey



2018 Scholarship Application

Applicant Information					
Applicant's Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Phone:	()	E-mail Address:			
Sex (circle one)	Male or Female				
Mother's Name		Phone			
Father's Name		Phone			
High School Information					
High School		High School Phone Number			
Address					
Guidance Counselor:					
Date of Graduation:		College Entrance Date:			
Academic Record					
Current GPA					
SAT Score, Total		Verbal:		Math:	
Class Rank	_____ out of _____				
Previous Experience (on a separate piece of paper)					
<p>1. Describe your participation in extracurricular activities, in employment, community activities, sports, religion or others.</p>					
<p>2. List any academic awards or honors that you received during high school.</p>					
Personal Statement (on a separate piece of paper)					
<p>Write a brief personal statement explaining your academic and career goals. If there have been any circumstances that have adversely affected your academic or extracurricular performance(s), you may include an explanatory paragraph that will be considered in the selection process.</p>					
Please see back					

Enclosures

- *Copy of school transcript*
- *Letter verifying admission to college, university; if unavailable, please include the addresses and telephone numbers of the college admissions office to which you have applied*
- *Statement of diagnosis from a physician, indicating the type and severity of your seizures (and other disabilities, if applicable)*
- *Two letters of recommendations from any of the following: teacher, coach, guidance counselor, principal, employer, clergy*
- *Copy of the 2017 parents' Federal Income Tax Return; if unavailable, please include a copy of parents' 2016 Federal Income Tax Return*

I give my permission for the commercial use of photographs and text submitted to the Epilepsy Foundation of New Jersey. This permission specifically includes such use as advertising, general publication and distribution. (if under the age of 18 please have guardian sign also)

Signature:

Date:

All documents must be received by the Epilepsy Foundation of New Jersey by Friday, April 27, 2018 in order for your application to be reviewed. Please use separate sheets to complete the written part of this application. When you have completed the application, send the application and the supporting documents to:

Epilepsy Foundation of New Jersey
35 Beaverson Boulevard, Building 11
Brick, NJ 08723
Attn: Scholarship Program