



## 2019 SCHOLARSHIP APPLICATION

Applicant Information					
<b>Applicant's Full Name:</b>				<b>Date:</b>	
	<i>(Last)</i>	<i>(First)</i>	<i>(M.I.)</i>		
<b>Address:</b>					
	<i>(Street Address)</i>			<i>(Apartment/Unit #)</i>	
	<i>(City)</i>			<i>(State)</i>	<i>(ZIP Code)</i>
<b>Phone:</b>	(    )	<b>E-mail Address:</b>			
<b>Gender</b> <i>(check one)</i>	<b>Male</b>		<b>Female</b>		
<b>Mother's Name:</b>		<b>Phone:</b>	(    )		
<b>Father's Name:</b>		<b>Phone:</b>	(    )		
High School Information					
<b>High School:</b>		<b>High School Phone Number:</b>			
<b>Address:</b>					
<b>Guidance Counselor:</b>					
<b>Graduation Date:</b>		<b>College Entrance Date:</b>			
Academic Record					
<b>Current GPA:</b>					
<b>SAT Score</b>	<b>Total:</b>	<b>Verbal:</b>	<b>Math:</b>		
<b>Class Rank</b>	_____ out of _____				
Please see back					

**Previous Experience (on a separate piece of paper)**

1. Describe your participation in extracurricular activities, in employment, community activities, sports, religion or others.

2. List any academic awards or honors that you received during high school.

**Personal Statement (on a separate piece of paper)**

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.

**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 2018 parents' Federal Income Tax Return; if unavailable, please include a copy of parents' 2017 Federal Income Tax Return*

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

<b>Signature:</b>		<b>Date:</b>	
<b>Guardian Signature:</b>		<b>Date:</b>	

All documents must be received by Epilepsy Services of New Jersey by  
**Friday, April 26, 2019**

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:

Andrea Racioppi at: [aracioppi@epilepsynj.org](mailto:aracioppi@epilepsynj.org)