



2024 SCHOLARSHIP APPLICATION

Applicant Information					
Applicant's Full Name:				DOB:	
	<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:			
Parent's Name: OR		Phone:	()		
Guardian's Name:		Phone:	()		
High School Information					
High School:		High School Phone Number:			
Address:					
Guidance Counselor:					
Graduation Date:		College Entrance Date:			
Academic Record					
Current GPA:					
SAT Score	Total:		Verbal:		Math:
ACT Score	Total:				
Class Rank	_____ out of _____				

Previous Experience

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 OR further education
- 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

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)

Signature:		Date:	
Guardian Signature:		Date:	

All documents must be received by Epilepsy Services of New Jersey by

Friday, April 26, 2024

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:

scholarships@epilepsynj.org

