

2024 SCHOLARSHIP APPLICATION

Applicant's Full Name: (Last) (First) (M.I.) Address: (Street Address) (Apartment/Unit #) (City) (State) (ZIP Cod Phone: () E-mail Address:	Applicant Information								
Address: (Street Address) (Apartment/Unit #) (City) (State) (ZIP Cod									
(Street Address) (Apartment/Unit #) (City) (State) (ZIP Cod									
(City) (State) (ZIP Cod									
	(Apartment/Unit #)								
Phone: () Email Address:	le)								
Phone: () E-mail Address:									
Parent's Name: OR Phone: ()									
Guardian's Name: Phone: ()									
High School Information									
High School School: Phone Number:									
School: Phone Number:									
Address:									
Guidance Counselor:									
Graduation College Entrance Date:									
Date.									
Academic Record									
Current GPA:									
SAT Score Total: Verbal: Math:									
ACT Score Total:									
Class Rank out of									

	Previous Experience					
	i revious Experience					
	cribe your participation in extracurricular activities, in employment, community activities, rts, religion or others.					
2. List a	ny academic awards or honors that you received during high so	hool.				
	Developed Statement Jon a concrete piece of page	> K)				
	Personal Statement (on a separate piece of paper	3 1)				
Write a brief personal statement explaining your academic and career goals. If there have been any						
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circumstanc	es that have adversely affected your academic or extracurricular	r perform	_			
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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: