

## 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>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 2011 parents' Federal Income Tax Return; if unavailable, please include a copy of parents' 2010 Federal Income Tax Return*

Signature:		Date:	
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All documents must be received by the Epilepsy Foundation of New Jersey by Friday, May 11, 2012 in order for you 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  
2516 Highway 35  
Manasquan, NJ 08736  
Attn: Scholarship Program