



The Defeating Epilepsy Foundation
2021 Scholarship Application

Please print clearly or type your answers

Last Name:			First Name:			Middle:		
Mailing Address:								
City:			State:			Zip code:		
Phone number: () - home/cell email:								
Date of birth:				Gender:				
Cumulative Grade Point Average (GPA): _____								
Please attach the most recent school transcript available.								
When were you diagnosed with epilepsy?								
Are you the first in your family to go to college?								
What is your major?								
List any academic honors, awards, and membership activities you have achieved:								

List any volunteer/community service that you have done in your community:

Please put down one personal and one professional reference. Personal references must be a non-relative.

Personal reference contact information (name, phone number):

Professional reference contact information (name, phone number)

Please submit a letter from a licensed physician who is treating you for epilepsy to confirm your diagnosis and that you are under there care.

Please write an essay of no more than 500 words on what you want to accomplish and your future goals. Essays are to be put in a word document and sent in along with application to info@defeatingepilepsy.org. Please put in the subject title box "Defeating Epilepsy Scholarship Fund" when emailing application. Applications are reviewed by our scholarship team.

Signature of applicant:

Date:

For office use only

Date received:

Essay received: yes/no

Transcripts received: yes/no

Reviewed by:

Decision:

