



The Defeating Epilepsy Foundation
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: _____

Cumulative Grade Point Average (GPA): _____

Please attach the most recent school transcript available

When were you first 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 provide one personal and one professional reference. Personal references must be a nonrelative.

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 their 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 the 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:

Physician Letter Received:

Transcripts received:

Reviewed by:

