The Defeating Epilepsy Foundation

Steven Metz Memorial Grant

The Steven Metz Memorial Grant is a one-time grant in the amount of $1,000 towards a seizure alert dog. Listed below are the qualifications that need to be met in order to qualify:

- Applicant (child or adult) has been diagnosed with epilepsy and neurologist/epileptologist has determined that they are in need of a medical alert dog. Applicants must provide a letter from their specialist stating that they are under their care and meet the qualifications of obtaining a medical alert/seizure alert dog.

- Applicant has already partnered with an organization that is helping them to obtain a medical alert/seizure alert dog. Applicants must provide the contact information of the organization they are working with so we can arrange for funds to be transferred if they are awarded the grant.

If the applicant is awarded the grant, funding will be transferred to the organization that is training the dog and not to the applicant.

Applicant Information

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____home/mobile

Email: _____

Parent/Caregiver's name (if the applicant is a minor):

Address: _____

City, State, Zip Code: _____

Phone: _____home/mobile

Email:_____

Contact information for neurologist/epileptologist

Name: _____

Address: _____

City, State, Zip Code: _____

Office Phone Number: _____

Contact information for Service Dog Organization

Name of Organization: _____

Address: _____

City, State, Zip Code: _____

Office Phone Number: _____

I _____ in applying for this grant understand the terms and conditions and have provided the necessary information needed. If any additional information is requested in order to be eligible, I will send the information in. If the applicant is a minor, I am applying on their behalf and will handle the responsibilities of sending the necessary information to qualify.

Any questions, please contact us at info@defeatingepilepsy.org or please call 909-740-4461.

Signature of Applicant _____ Date_____

For Office Use Only

Date Received

Letter from Specialist

Contact information of organization received:

Reviewed by: