

**EPILEPSY FREE**

**2018 CONTINUING EDUCATION-SCHOLARSHIP PROGRAM**



**Scholarship Application**

**Criteria for Eligibility and Scholarship Guidelines**

**Epilepsy Free**

*Providing comprehensive support for  
persons with epilepsy and seizures*

## **Criteria for Eligibility and Scholarship Guideline**

Epilepsy Free realizes that everyone learns and grows through continued educational opportunities. For many struggling with epilepsy and seizure disorders, and the monetary restraints these can often impose, going on to or continuing a college education can represent yet another struggle.

In keeping with its mission to provide the necessary supports that allow individuals with epilepsy and seizure disorders to excel in life and to be “free from epilepsy”, Epilepsy Free has established the Epilepsy Free College Scholarship Program.

Following are the criteria for eligibility and program guidelines:

### **Eligibility**

- Applicants must have a diagnosis of epilepsy or a seizure disorder. A letter from their neurologist verifying this diagnosis must be provided at the time of application.
- Applicants must complete an “EF College Scholarship Application.”
- The fund will assist the recipient for educational costs only.
- Current employees of Epilepsy Free are excluded from applying to this program.
- Past recipients of this scholarship will not be eligible.

### **Program Guidelines**

- The maximum amount that can be awarded per person within any one year time period is \$1,000.00.

- There is no guarantee of approval for subsequent applications or that the fund will not be depleted.
- Scholarships will only be awarded for college, university, trade school or other institutions of higher learning.
- Deadline: June 4, 2018

## **Decision Criteria**

EF remains committed to evaluating applications on a case-by-case basis, but has established some guiding principles in order to be consistent from application to application.

1. Persons who subsist near the U.S. poverty level are given priority. This is the primary situation in which applicants receive a full grant.
2. Persons who have incurred extensive medical bills are also given high priority and also often receive full grants.
3. Persons who demonstrate a real need, but who do not meet criteria 1 and 2 often receive partial grants, such as for books.
4. This scholarship is not dependent upon securing other financial assistance. Applicants are expected to have made every effort to access all appropriate resources.
5. Retroactive applications are reviewed carefully. The logic follows that if a person enrolled in a program, the financial burden was not an emergency.

**EF COLLEGE SCHOLARSHIP APPLICATION**

Applicant: \_\_\_\_\_  
(Name of person with epilepsy)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Neurologist: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Expected date of enrollment: \_\_\_\_\_

Name of educational institution: \_\_\_\_\_

What are you studying? \_\_\_\_\_

Please list what resources you have contacted for educational assistance and what their responses have been:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The maximum amount that can be awarded per person within any one year time period is \$1,000.00. Have there been any recent, unusual expenses? (Please explain.)

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Please tell us a little about yourself.

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Briefly describe your educational needs at this time. Please include why meeting these needs will be important to your future.

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I declare that the information provided on this application for financial assistance is true and complete and is provided to Epilepsy Free for the purpose of being considered for financial assistance to enable me to attend the school of my choice. I understand that I may be required to provide evidence to verify the above information.

If you agree to having your name and picture used in announcing news about the program, please enclose a picture of the applicant with the application.

\_\_\_\_\_  
Signature of Applicant or Parent/Guardian

\_\_\_\_\_  
Date

Where to send applications:

Applications can be faxed to: (914) 462-3657, Attention: Gladys Lee

Mail application to:

Epilepsy Free  
820 Second Avenue  
Suite 6C  
New York, NY 10017  
Attn: EF College Scholarship Program

Questions about the scholarship should be directed to:  
epilepsyfreedom@gmail.com

Required Attachment: Letter from neurologist  
All pertinent information

**DISCLAIMER:** The amounts, information application deadlines and criteria are subject to change without notice. The submission of the application does not constitute an obligation on the part of EF to award a scholarship. EF reserves the right to withdraw, terminate or suspend any scholarship on disciplinary grounds or in case of academic failure. The scholarship committee's decision is based on many factors, their discretion and determination whether, or to what extent, a scholarship is granted is final. By submission of an application the candidate agrees to abide by this policy. These scholarships are offered subject to funding and availability and EF reserves the right to withdraw or amend a scholarship without prior notification. This scholarship is open to all U.S. residents.

**EF 2018**