



**EPILEPSY  
FOUNDATION®**

**NEW JERSEY**

*Not another moment lost to seizures™*

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CENTRAL REGIONAL OFFICE  
2516 ROUTE 35 NORTH  
MANASQUAN, NEW JERSEY 08736

November 21, 2011

The Epilepsy Foundation of New Jersey is pleased to announce the existence of a scholarship program for New Jersey high school seniors who have epilepsy. We anticipate offering a least three \$1,000 scholarships.

New Jersey high school seniors with epilepsy who plan to attend a college or university are eligible. Academic achievement, participation in activities and financial need will be considered. The extent of a student's disability(s) will be taken into account as well, so that s/he need not be near the top of her/his class to qualify. Final awards will be made by the Epilepsy Foundation of New Jersey, which reserves the right not to make any awards.

Enclosed, please find a scholarship application for photocopying and distribution. **Applications and supporting documents are due May 11, 2012** Should your students have any questions, they may contact me at the (800)336-5843 or by email at [aracioppi@efnj.com](mailto:aracioppi@efnj.com).

Thank you very much for your assistance.

Sincerely,

Andrea Racioppi  
Associate Director  
Epilepsy Foundation of New Jersey

## 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>City</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)					
1. Describe your participation in extracurricular activities, in employment, community activities, sports, religion or others.					
2. List any academic awards or honors that you received during high school.					
Personal Statement (on a separate piece of paper)					
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.					
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:

All documents must be received by the Epilepsy Foundation of New Jersey by Friday, May 11, 2012 in order for your 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