



College Scholarship Application

Academic Year: 2024-2025

Application Deadline: May 1, 2024

Personal Information

Name

(Last) (First) (Middle)

Home/Permanent Address _____

Current Address (if different from above) _____

Email _____

Home phone _____ Mobile phone _____

Date of Birth _____ Are you currently being treated for Epilepsy? Yes No

College, university or trade school you will be attending this fall (name and location):

Academic Information

Current School Attending: _____

Current GPA _____ Current Class Level _____

High School & Date of Graduation: _____

Complete if currently enrolled as a college student:

Total University Units Completed _____

Major & Emphasis _____

Degree Objective (if known): _____

Career Objective: _____

Please list all schools attended after high school graduation (if any):

| School & Location | Major/Degree | Dates Attended |
|-------------------|--------------|----------------|
| | | |
| | | |
| | | |

Community Service and Volunteer Experience (1/2 page typed)

Please list community service and volunteer experience, including name and location of the group/agency, dates and details of your work. Why did you choose to participate with the listed organization(s) and how you were impacted by the experience(s)?

Academic Achievements (1/2 page typed)

Please list any academic achievements and/or awards you have received. From your academic achievements, what are you most proud of and how has it inspired you to pursue more education?

Statement of Eligibility (one page typed)

Why should you be awarded a scholarship from the Epilepsy Foundation of San Diego County? Include life experiences and describe how they have affected your attitudes, abilities, career plans and future goals.

Statement of Financial Need

How will a scholarship from the Epilepsy Foundation of San Diego County help you financially?

Please list a proposed school budget, including:

- Estimated cost of attendance
- Estimated living expenses
- Estimated cost of books and other learning tools

Then, list your anticipated sources of financial support, which may include your personal income, family support, Federal Student Aid (FAFSA) and other government support, scholarships, student loans, and any other plans for budgeting your education costs.

Please review the checklist below to confirm you have completed your application.

I hereby declare that the information provided herein and attached is correct to the best of my knowledge.

Signature _____

Date _____

The following documents must be included in your application package:

1. Completed Scholarship Application
2. Community Service and Volunteer Experience/ Academic Achievements
3. Statement of Eligibility
4. Statement of Financial Need
5. Current Transcript (Official or Unofficial) Verifying Enrollment and GPA
6. Letter from your doctor stating you are currently being treated for epilepsy (if applicable) **OR** letter from your professor stating you are working on an epilepsy research project (please include project details)
7. Two Letters of Recommendation

E-mail to: Sarah Waters, sarah@epilepsysandiego.org

OR

Mail to: Epilepsy Foundation of San Diego County
Attn: Scholarships
2055 El Cajon Blvd
San Diego, CA 92104

Questions: Contact Sarah Waters
619.296.0161 ext. 103
sarah@epilepsysandiego.org