



**AMBER SWEENEY MEMORIAL
SCHOLARSHIP *School Year 2019-2020***

Eligibility Requirements:

1. Currently under a physician's care for epilepsy.
2. Currently a college student or a student entering college in the Fall of 2019.
3. Resident of Arizona and a student registered at an Arizona school.
4. Submit two letters of recommendation with this application. One must be from your physician; the other may be from another individual such as: a teacher/professor, academic advisor, principal/dean, coach, employer, cleric, etc.
5. Attach an unofficial copy of your current transcript.
6. Attach a copy of your university, college, or graduate school application(s), acceptance letter(s), or confirmation of enrollment. If these are unavailable, enclose a list of the addresses and telephone numbers of the admissions office(s).

Please return all requirements and the application below by **June 30, 2019 to:**

Epilepsy Foundation of Arizona
ATTN: Amber Sweeney Memorial Scholarship
3620 N. 4th Ave, Room #228
Phoenix, AZ 85013

You may also e-mail and attach the completed application to AZ@EFA.org

EMAIL: AZ@EFA.ORG | (602) 282-3515 | SITE: EPILEPSYAZ.ORG 3620 N.
4th AVE., ROOM #228 | PHOENIX, AZ | 85013
An incorporated Chapter of the Epilepsy Foundation of America.

AMBER SWEENEY MEMORIAL SCHOLARSHIP 2019-2020

Application

Deadline: June 30, 2019

Name:				DOB:	
Gender:	Male <input type="checkbox"/>	or	Female <input type="checkbox"/>	Age:	
Address:					
City:		State:		Zip Code:	
Phone:		Cell:			
Email:		Social Security #:			

PART 1: General Information (please print or type)

Are you currently being treated by a physician for epilepsy? Yes No

Are you presently taking anticonvulsant medication? Yes No

What financial aid, if any, have you received?

--

SECTION A: Complete this section only if you are currently a high school senior

Name of High school:	
Expected graduation date:	
Address of high school:	
Colleges or universities to which you have applied:	

SECTION B: Complete this section only if you are currently attending a college or university freshman, sophomore, or junior

Name of college/university:	
Address of college/university:	
Check your current year:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior
Expected graduation date:	

SECTION C: Complete this section only if you are currently a university/college senior

Name of college/university:	
Address of college/university:	
Expected graduation date:	
Graduate schools to which you have applied:	

PART 2: Academic Record

Current GPA:						
Highest total score:	SAT:		Or ACT:		Or GMAT:	
Or LSAT:			Other:			
Highest Math Score:			Highest Verbal Score:			
Major(s):						
List any academic awards or honors that you have received:						

PART 3: Extracurricular Activities--Describe your participation in any activities, organizations, groups, or community service outside of school:

PART 4: Short Essay

Please answer in **250 words on a separate sheet of paper.**

Write a brief essay about something of direct personal importance to you as a person with epilepsy. You may discuss any of the following topics or develop one of your own.

Examples Include: How have you overcome the challenge of having epilepsy, either personally, socially, or academically? What does having epilepsy mean to you? Has one individual in your life been instrumental in your success, and how? Describe an achievement of which you are especially proud.

If awarded this scholarship I agree that the Epilepsy Foundation of Arizona may release to all media worldwide, including broadcast, information about me, to depict and/or identify myself as a person with epilepsy. I also consent to the use of photographs or images in all media and broadcast, including the Epilepsy Foundation of Arizona's website, social media outlets, brochures, print media, and other media as the Epilepsy Foundation of Arizona sees fit.

Print Name: _____ Date: _____

Signature: _____