



Epilepsy Foundation of the Chesapeake Region
8503 LaSalle Road
Towson, Maryland. 21286
410-828-7700
800-492-2523
www.epilepsy-foundation.org

**IRA ROSENZWOG SCHOLARSHIP
APPLICATION FORM**
(please print neatly)

To be considered for the Ira Rosenzwoog Scholarship you will need to complete the following application. In addition to the application, you will be required to submit financial documentation, a letter from your physician confirming a diagnosis of epilepsy, and official high school transcript, and an essay. Deadline for application is April 10, 2010.

A. Applicant Information

Name of Applicant _____

Address of Applicant _____

Phone: (_____) _____

Social Security Number: _____

Mother's Name: _____

Father's Name: _____

B. Education Information

Complete if you are currently in high school:

Name of School: _____

Year of Graduation: _____

Complete if you have graduated from high school:

Name of School: _____

Year of Graduation: _____

Have you attended any colleges? no _____ yes _____

If yes, list school (s) attended:

SAT Score: _____

Type of school you are interested in attending:

_____ 2 year college

_____ 4 year college/university

_____ trade/technical school

_____ graduate school

C. Financial Information

Students income (2009) \$ _____

Parent(s) income (2009) \$ _____

Total Child Support (2009) \$ _____

Total: _____

Please attach a copy of most recent federal tax return (s)

Parent (s) projected income (2010) \$ _____

Expenses:

Medical/Dental Expenses (2009) \$ _____
(not paid for by insurance)

Tuition (2009)
(other dependent children) \$ _____
Total _____

Tuition projected (2010)
(other dependent children) _____

*Please attach a copy of your parent's most recent federal tax return regardless of your age.

Have you applied for any other financial assistance for school year 2010-11?

_____ no
_____ yes, please list: _____

Have you received any scholarships from other sources?

_____ no
_____ yes, please list: _____

Are you planning on working this summer (2010)?

_____ no
_____ yes projected income: \$ _____

D. ESSAY REQUIREMENTS:

All applicants are required to submit an essay. This essay should not exceed one typewritten page.

1. How has epilepsy affected your life?
2. What do you hope to gain from your college experience?
3. Why would you make a deserving recipient?

E. Additional information that may be relevant to your application.

F. Signatures Required

To the best of my knowledge, the above information is correct.

Signature of Applicant: _____

I give my permission to the Epilepsy Foundation of the Chesapeake Region to release my name to the press as a recipient of a grant from the Ira Rosenzweig Scholarship Fund. (I understand that my permission is not required in order to be considered for this scholarship.)

Signature of Applicant: _____

Document Checklist:

- _____ Application Form
- _____ Essay
- _____ High School Transcript
- _____ Federal Tax Return
- _____ Diagnosis Confirmation Letter (from attending physician)

Deadline for application is **April 10, 2010**

Submit application and all supporting documents to:

Epilepsy Foundation of the Chesapeake Region
8503 La Salle Road
Towson, Maryland 21286

ATTENTION: MARY WONTROP

