



## COLLEGE SCHOLARSHIP PROGRAM

Thank you for your interest in the 2016 College Scholarship Program! Your application will be carefully reviewed by the FACES College Scholarship Team for consideration. Please contact Heather Krol at [facesscholarship@nyumc.org](mailto:facesscholarship@nyumc.org) with any questions or concerns. Your inquiry will be addressed within 48 hours.

FACES (Finding a Cure for Epilepsy and Seizures) is pleased to accept applications for the 2016 College Scholarship Program. FACES will provide financial support for the education of college undergraduate or graduate students affected by epilepsy and seizure disorders. We are seeking to recognize the personal accomplishments of those living with epilepsy during their higher education journey.

**AWARD AMOUNTS WILL VARY FROM A MINIMUM OF \$500 AND WILL NOT EXCEED \$5,000 PER STUDENT, DEPENDING ON THE APPLICANT'S FINANCIAL NEED.**

### ELIGIBILITY REQUIREMENTS

- 1) Is a US citizen and/or a legal and permanent resident of the United States
- 2) Lives with and encounters challenges from epilepsy or a seizure disorder
- 3) Has financial need
- 4) Must attend a United States higher education institution
- 5) Will be an enrolled college student in the Fall 2016

### **PAST RECIPIENTS ARE WELCOME TO APPLY AGAIN**

**NO MINIMUM GPA IS REQUIRED. SCHOLARSHIPS ARE AWARDED BASED ON A NUMBER OF FACTORS, SUCH AS COMMUNITY SERVICE, PARTICIPATION IN EPILEPSY AWARENESS PROGRAMS, AND HOW THE APPLICANT HAS COPED WITH EPILEPSY AS A PART OF THEIR LIFE.**

### GUIDELINES

**TO APPLY, PLEASE SUBMIT THIS APPLICATION AND ALL SUPPORTING DOCUMENTS BY MAY 6, 2016**

**APPLICATIONS WILL NOT BE ACCEPTED AFTER THIS DATE**

**YOU WILL BE NOTIFIED OF A DECISION ON MAY 13, 2016**

All sections of the application must be completed by the student or parent/guardian (if applicant is under the age of 18), an academic reference, and a clinician of the applicant's healthcare team. Please fill out this application and submit it to:

**FACES College Scholarship Coordinator**

**Attention: Heather Krol**

**223 East 34<sup>th</sup> Street**

**New York, NY 10016**

**[facesscholarship@nyumc.org](mailto:facesscholarship@nyumc.org)**

FACES (Finding A Cure for Epilepsy and Seizures) is affiliated with NYU Langone Medical Center and its Comprehensive Epilepsy Center. FACES funds research to improve epilepsy care, advances new therapies, and fosters a supportive community for children, families and caregivers who live with the challenges of epilepsy. The mission of FACES is to improve the quality of life for all those affected by epilepsy and seizures. Our goal is to find a cure.

SECTION I.

**APPLICANT INFORMATION (Please Print or Type)**

Mr./Ms./Mrs. \_\_\_\_\_ Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Age for academic 2016/2017 School Year \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Sex of Applicant (check): \_\_\_ Male \_\_\_ Female

Are you a U.S. citizen or permanent resident? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**FINANCIAL INFORMATION**

Number of dependents your parent(s)/legal guardian(s) have living at home: \_\_\_\_\_

Do your parent(s)/guardian(s) have additional out of pocket expenses for:

1) Elderly Parents \_\_\_ No \_\_\_ Yes, estimated amount \$ \_\_\_\_\_

2) Tuition for other children \_\_\_ No \_\_\_ Yes, estimated amount \$ \_\_\_\_\_

3) Medical Expenses (paid or accumulating) \_\_\_ No \_\_\_ Yes, estimated amount \$ \_\_\_\_\_

4) Are / will you be receiving financial aid while attending college?: \_\_\_ No \_\_\_ Yes

If yes, please list type: (i.e. federal loans, grants, work study, other scholarships) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be taking private loans to pay for your college tuition?: \_\_\_ No \_\_\_ Yes

*If you answered yes to any of the above, supporting documentation may be requested*

SECTION II.

**ACADEMIC INFORMATION**  
**(FOR INCOMING FRESHMEN ONLY)**

Name of high school: \_\_\_\_\_

School address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main phone number: \_\_\_\_\_ Contact person: \_\_\_\_\_

Graduation date (mm/dd/yyyy): \_\_\_\_\_ Official transcript GPA: \_\_\_\_\_

Honors/ academic achievements:

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Participation in extracurricular activities, community service, and work experience:

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**ACADEMIC INSTITUTION INFORMATION:**  
**(FOR ALL APPLICANTS)**

Name of college you are/will be attending: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main phone number: \_\_\_\_\_ Declared major: \_\_\_\_\_

Declared minor: \_\_\_\_\_ Estimated tuition amount: \_\_\_\_\_

Are/will you be living on campus: (check)?  Yes  No College GPA (if applicable): \_\_\_\_\_

Honors/ academic achievements:

**(FOR CURRENT COLLEGE STUDENTS ONLY)**

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Participation in extracurricular activities, community service, and work experience

**(FOR CURRENT COLLEGE STUDENTS ONLY)**

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**PLEASE ENCLOSE AN OFFICIAL HIGH SCHOOL OR CURRENT COLLEGE TRANSCRIPT**





I certify that the information contained in this application is true.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE (MM/DD/YYYY)

X \_\_\_\_\_  
SIGNATURE OF APPLICANT'S PARENT OR GUARDIAN  
(IF UNDER 18 YEARS OLD)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

The FACES College Scholarship Team will review all applications. Financial need is a high priority for each application received. All applications are reviewed equally no matter age, gender, race, religion, geographic location, epilepsy diagnosis or institution of medical treatment. The amount of scholarship awarded is based on the length and cost of tuition, as well as applicant eligibility.