

Application

**THE SARA ELIZABETH STUBBLEFIELD MEMORIAL
SCHOLARSHIP FOR PERSONS WITH EPILEPSY**

Administered by the SARA ELIZABETH STUBBLEFIELD FOUNDATION

Vision: The Sara Elizabeth Stubblefield Memorial Scholarship will provide financial support for the pursuit of higher education to a student living with epilepsy, who demonstrates a strong commitment to her/his education and perseverance in overcoming the obstacles epilepsy may present.

Eligibility: The applicant must be a college-bound or vocational/technical school-bound high school senior residing in the state of Illinois. Previous recipients currently enrolled and in good academic standing in an institution of higher education may also reapply. Any applicant must have epilepsy and be under a physician's care.

PART 1: GENERAL INFORMATION (Please type or print clearly.)

Name: Date of Birth:

Street Address:

City: State: Zip: Telephone:

Email:

Name of Physician Overseeing Applicant's Epilepsy Care:

PART 2: ACADEMIC RECORD

Name of High School: Expected Graduation Date:

Street Address:

City: State: Zip: Telephone:

University or Colleges You Have Applied To:

Current GPA: Highest Total Score: SAT: or ACT:

List Any Academic Awards or Honors You Have Received:

PART 3: EXTRACURRICULAR ACTIVITIES

Please Describe Your Participation in Any Activities, Organizations, or Community Service:

PART 4: FINANCIAL INFORMATION

Approximate Annual Household Income (Please choose one.)

- less than \$50,000 \$50,000 to \$100,000 more than \$100,000

Number of Household Members:

Please Describe Any Other Relevant Information the Committee Should Consider With Regard to Your Family's Current Financial Standing:

PART 5: SHORT ESSAYS (Must Be Typewritten)

Write two brief essays (each 250 words or less) based on the following:

Essay 1:

Describe something of direct personal importance to you as a person living with epilepsy. For example: How have you overcome the challenges of epilepsy, either personally, socially, or academically? What does living with epilepsy mean to you? Is there an individual who has been instrumental to your success? (If yes, describe who and how so.) Describe an achievement you are especially proud of.

Essay 2:

Discuss your plans for your future educational and professional endeavors. For example: What are your career goals? Why have you chosen this field of work? Are these goals influenced by your epilepsy?

PART 6: ENCLOSURES

1. Please submit a signed statement from your physician's office verifying your epilepsy diagnosis.
2. Submit two letters of recommendation with this application. At least one of these letters of recommendation **must** be from a teacher or academic advisor. The second letter must be from another non-relative adult character reference such as a teacher, academic advisor, principal, coach, employer, or clergy person.
3. Attach an unofficial copy of your current transcript.
4. Attach a copy of your university or college acceptance letter(s), or confirmation of enrollment.
5. Attach the two typewritten essays required in Part 5 of this application.

Please return this application by April 30th to:

The Sara Elizabeth Stubblefield Foundation
Attn: Scholarship Committee
c/o Matthew Flanigan
Black, Hedin, Ballard, McDonald, P.C.
108 S. 9th St.
PO Box 4007
Mt. Vernon, Illinois 62864