

## EPILEPSY FOUNDATION SCHOLARSHIP FUND

Application Deadline: April 1



The Epilepsy Foundation Scholarship Fund was established in memory of David S. Izard who lived and attended school in Canton, Illinois. David was active in football, track, and basketball. He graduated from Western Illinois University and was employed as an Assistant Manager of Wal-Mart in Georgia. David was diagnosed with Epilepsy at the age of 3 ½ but lived a full and active life. David died December 5, 1992, fifteen days before his 27<sup>th</sup> birthday. Additional gifts have been made in memory of other individuals as well.

### Eligibility

In accordance with the agreement, the student must currently reside, and be a current graduating senior at a high school located within a 50-mile radius of the City of Peoria and be diagnosed with Epilepsy. The award will be given to further education in a junior college or a four-year college/university.

### Type of Scholarship

The \$500 scholarship will be awarded to students who have epilepsy and will be based on the applicant's motivation to accomplish her/his educational and career goals, potential for scholarship, citizenship, and leadership. Financial need only a consideration when other factors weigh equally among applicants.

### Application Procedure

Students can obtain an application by contacting:

Community Foundation of Central Illinois  
331 Fulton Street, Suite 310  
Peoria, Illinois 61602  
[www.communityfoundationci.org](http://www.communityfoundationci.org)

The completed application must be postmarked and mailed to the Foundation office no later than April 1.

Recommendation by one teacher and the physician attending the student are required supplemental information. Recommendation forms are included with the application and must be returned to the Foundation no later than April 1.

### Selection Procedure

The Distribution Committee of the Community Foundation of Central Illinois will review all applications. The Community Foundation of Central Illinois Board of Directors will approve the recommendation and the award recipient will be notified by mail.

### Award

A \$500 scholarship will be paid directly to the school of the recipient's choice upon request of the recipients enrollment in school. The student may apply to renew this scholarship throughout his/her attendance at this school or one to which he/she has transferred.



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**Community Activities/Hobbies and Years**


If you were unable to participate in extra-curricular activities for any reason that you would like the committee to consider as they review your application, please indicate reasons in the space provided. No attachments please.

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**Work Experience**

List your paid work experience during the past four years.

Position	Employer	Date of Employment

**Financial Information**

Estimate of anticipated annual educational expenses:

Tuition & Fees:     \$ \_\_\_\_\_

Books & Supplies:   \$ \_\_\_\_\_

Room & Board:       \$ \_\_\_\_\_

How do you anticipate meeting your educational expenses? Please list amount in terms of percentages and not actual dollar amounts:

Personal Savings:   \_\_\_\_\_ %

Family Resources:   \_\_\_\_\_ %

College Financial Aid: \_\_\_\_\_ %

Outside Employment: \_\_\_\_\_ %

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Please list additional scholarships for which you have applied:

Scholarship	Amount	Received/Pending
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there is additional information that you would like the committee to consider as they review your application, please explain in the space provided. No attachments please: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Essay:** Please write an essay of 500 words or less in which you describe your personal aspirations and career goals. (Type or handwrite on a separate page and attach to application form. Be sure to write your name on the page.)

**Letters of Recommendation:** Applicants are required to submit two references, one from a school teacher or administrator who knows you and one from your attending physician. Recommendation forms are provided and should be returned by your references directly to the Foundation by April 1.

I certify that all information on this form is true and complete to the best of my knowledge:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Name (Please Print)

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# Physician's Reference Form

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Applicant's Name: \_\_\_\_\_

I authorize my physician, \_\_\_\_\_, to release the information, as requested, on this form to complete my scholarship application for the Epilepsy Foundation Scholarship Fund.

\_\_\_\_\_  
Applicant's Signature

The above applicant is applying for the above-named scholarship. Your recommendation is needed as part of the application process. All recommendations are kept strictly confidential by the Foundation.

Please complete this form and return directly to the Foundation office before the April 1 deadline. Failure to meet the deadline may jeopardize the applicant's opportunity to be considered for a scholarship.

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Physicians: This scholarship is awarded to students who have been diagnosed with epilepsy. Please verify below that this applicant has been diagnosed with epilepsy.

- Yes, this applicant has been diagnosed with epilepsy.
- No, this applicant has not been diagnosed with epilepsy.

If yes, how long have you been treating patient for this condition? \_\_\_\_\_

If you feel you know your patient's achievements and goals, please provide additional comments referencing why this applicant would make a good candidate for this scholarship. (Please use reverse side if necessary.)

Physician's Signature: \_\_\_\_\_

Physician's Name (Please print): \_\_\_\_\_

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

Phone: \_\_\_\_\_

If you have any questions, please contact the Community Foundation of Central Illinois, (309) 674-8730.

Please return this sheet to the following address: **Community Foundation of Central Illinois**  
331 Fulton Street, Suite 310  
Peoria, Illinois 61602

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# Reference Form

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Applicant's Name: \_\_\_\_\_

This applicant is applying for the above-named scholarship. Your recommendation is needed as part of the application process. All recommendations are kept strictly confidential by the Foundation.

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How long have you know the applicant? \_\_\_\_\_

How have you become acquainted with the applicant? \_\_\_\_\_

## Applicant Appraisal

The applicant's achievements reflect his/her ability:

- Extremely Well     Very Well     Moderately Well     Not Well

The applicant's ability to set realistic and attainable goals is:

- Excellent     Good     Fair     Poor

What qualities make this applicant a good candidate for this scholarship? (Please use reverse side if needed.)

Additional Comments – Please add any information which you feel might assist the selection committee.

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Signature: \_\_\_\_\_