

Scholarship Amount: \$1000 (Two Scholarships awarded.)
Application Deadline: April 1, 2012
Awards Announcement: May 1, 2012

April Schmitz Memorial Scholarship

April Schmitz graduated from Carlton High School in 2005. She passed away unexpectedly at home in her sleep, after having a seizure on Saturday, May 26, 2007. At the time of her death, April was attending college in hopes of becoming a social worker. While April left us too soon, her memory lives on in a \$1,000 educational scholarship, made possible by April's family, friends and loved ones. In 2012, the Epilepsy Foundation of Minnesota will award two \$1,000 scholarships in April's name to students living with a seizure disorder in Minnesota or eastern North Dakota.

Vision: The recipient of the April Schmitz Memorial Scholarship should be a student who has shown courage in dealing with epilepsy and seizures, commitment to their education, and perseverance in eliminating the obstacles that epilepsy and seizures may present. The April Schmitz Memorial Scholarship is administered by the Epilepsy Foundation of Minnesota.

Eligibility:

- Must have a diagnosis of epilepsy/ seizure disorder.
- Must be a high school senior or a high school graduate.
- Must provide proof of acceptance to a post-secondary academic or vocational program.
- Must live in Minnesota or Eastern North Dakota.
- Must submit a completed application and two letters of recommendation.

Selection Factors:

- Strong career goals.
- Strength of recommendations.
- How applicant has faced challenges due to epilepsy.
- Community involvement.

Selection Panel:

Five to seven member volunteer selection committee to be determined by the Executive Director.

Recipients will be announced and featured in the Epilepsy Foundation of Minnesota Newsletter, Annual Report, website and possibly in local media.

GENERAL INFORMATION (please print)

Date of Application: _____

Name: _____ Age: _____
(Last) (First) (Middle)

Address: _____
(Street Address)

(City) (State) (Zip) (County)

Phone Number: _____ - _____ - _____ Date of Birth: _____

Email Address: _____

Social Security Number: _____

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

Are you presently taking anticonvulsant medication? Yes No

ACADEMIC RECORDS

Name of High School: _____ Expected graduation date: _____

Address of High School: _____
(Street Address)

(City) (State) (Zip) (County)

Universities, colleges, vocational schools where you have applied and/or have been accepted:

List any academic or school awards that you have received:

EXTRACURRICULAR ACTIVITIES

Describe your participation in any activities, organizations, sports, groups or community service:

SHORT ESSAY

Write a brief essay about something of direct personal importance to you as a person with epilepsy. For example: How have you overcome the challenge of having epilepsy, either personally, socially, or academically? What does having epilepsy mean to you? Has one individual been instrumental in your success? (If so, who and how?) Describe an achievement of which you are especially proud. Or, choose your own epilepsy related topic. **Please answer in 250 words or less on a separate page. Must be printed or typed.**

ENCLOSURES

1. Submit two letters of recommendation with this application. Please submit one letter of recommendation from an educator; the other letters may be from your physician, a teacher, academic advisor, principal/dean, coach, employer, cleric, etc.
2. Attach an unofficial copy of your current transcript.
3. Attach a copy of your university, college or vocational school acceptance letter(s), or confirmation of enrollment.

Please read and sign

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that completing this application does not ensure approval for a scholarship. I also grant permission for the Epilepsy Foundation of Minnesota to use any photos of me for submission in publications.

Applicant's Signature: _____ Date: _____

Opportunities are provided solely on individual merit of applicants related to scholarship requirements and without regard to religion, creed, race, national origin, gender or sexual orientation.

Please return this application by April 1, 2012 to:

Epilepsy Foundation of Minnesota
April Schmitz Memorial Scholarship
1600 University Avenue West, Suite 300
St. Paul, MN 55104

Information about the recipient selection process:

The April Schmitz Memorial Scholarship Recipient will be selected using a point system and a committee of at least 5 reviewers. Applicants will be judged on various merits, including how well the applicant meets the scholarship's vision, essay, and letters of recommendation. Scholarship Award Announcements will be made May 1, 2012. Questions may be directed to Stephanie Kolari at 651-287-2312 or toll free 800-779-0777 ext. 2312. Additional applications are available at www.efmn.org.