

Application Deadline: April 30

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

Administered by the SARA ELIZABETH STUBBLEFIELD FOUNDATION

Vision: The recipient of the Sara Elizabeth Stubblefield Memorial Scholarship will be a student living with epilepsy and seizures, who exhibits a strong commitment to her/his education and perseverance in eliminating the obstacles epilepsy and seizures may present.

The applicant must be a college-bound or career/technical school-bound high school senior residing in the state of Illinois. He/she must have epilepsy/seizure disorder and be under a physician's care.

The scholarship is a \$2,000 award per academic year, renewable for up to four (4) years, provided the recipient remains a student in good standing.

The scholarship was established in memory of Sara Stubblefield, who passed away from Sudden Unexplained Death in Epilepsy (SUDEP) in 2011 at the age of 36. Sara was a passionate advocate for others with epilepsy in both her life and career, earning a Masters in Social Work and working for the Epilepsy Foundation of Greater Southern Illinois for ten years prior to her death.

The Sara Elizabeth Stubblefield Memorial Scholarship is funded by the Sara Elizabeth Stubblefield Memorial Foundation, a tax-exempt 501(c)(3) charitable foundation.

All information provided in this application is confidential and will be used solely for determination of scholarship award.

Please direct all questions about this scholarship to Jennifer Stubblefield Lobenhofer at se scholarship@gmail.com.

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: _____

Are you currently being treated by a physician for epilepsy? _____

Submit a letter from the physician overseeing your epilepsy care verifying that you are in treatment under their care.

PART 2: ACADEMIC RECORD

Name of High School: _____ Expected Graduation Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

What postsecondary institutions (colleges, universities, or career/technical training institutes) have you applied to?

What is your cumulative grade point average (GPA)? (Please provide the scale on which your GPA is based - e.g., 4.0/4.0.): _____

Please attach a copy of your current transcript.

What is your SAT score? (Optional) _____

What is your ACT score? (Optional) _____

Please attach a copy of your SAT or ACT score report, if you have chosen to report either for the purpose of this scholarship application.

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.)

- \$0-\$25,000
- \$25,001-\$50,000
- \$50,001-\$75,000
- \$75,001-\$125,000
- \$125,001-\$150,000
- \$150,001-\$200,000
- More than \$200,000
- Decline to state

How many people reside in your household? _____

Please describe any special circumstances 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: Please discuss 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. (250 words or less)

ESSAY #2: Please 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? (250 words or less)

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 a copy of your current transcript.
4. Attach a copy of your SAT or ACT score report, if you have chosen to report either for the purpose of this scholarship application. (If applicable)
5. Attach a copy of your university or college acceptance letter(s), or confirmation of enrollment. If these items are unavailable, enclose a list of the addresses and telephone numbers of the admissions office(s).
6. 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