



## 2019 APPLICATION

### EDUCATION ENRICHMENT FUND

#### APPLICANT INFORMATION

Name:   
Address:   
City:   
State:   
Zip:   
Primary Telephone:   
Email Address:

Date of Birth (dd/mm/yyyy):

Gender Identification:

☐

I identify myself as

☐

I prefer not to disclose

Applicant Status:

If not a person with epilepsy, please describe relationship:

#### INSTITUTION INFORMATION

Name of Institution Attending:   
Address:   
City:   
State:   
Zip:

Type of School:

If other, please describe:

Course Outcome:

If other, please describe:

Estimated Course(s) Total Cost (up to \$5000.00):

Financial Rep. Name (Bursar, Treasurer):

Phone:

#### CURE Mission Statement

CURE's mission is to find a cure for epilepsy, by promoting and funding patient-focused research.  
Our commitment is unrelenting.



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**PROFESSIONAL AND EXTRACURRICULAR ACHIEVEMENTS** *(please provide answers below that highlights leadership skills and achievements, including experiences, that have impacted you directly):*

Professional and/or Leadership Skills:

Extracurricular Involvement and/or Accomplishments:

Volunteer Experience and/or Interests:

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#### REQUIRED ESSAY

Please provide an **essay** (500 words maximum; double-spaced and 12-pt. font) authored by the applicant. The focus of the essay should explain how the applicants' personal connection to epilepsy has shaped them into the individual they are today AND how this scholarship will ignite them in becoming an "agent of change" in the epilepsy community. Applicants will ideally build upon their responses given in the application and highlight their motivation for seeking to advance their personal knowledge when constructing their essay.

#### ADDITIONAL REQUIREMENTS

Please provide **one Letter of Recommendation** from Academic Professional, Community official, or Healthcare Team member of your choice.

A signed letter from a licensed physician verifying whether the scholarship recipient is a patient with epilepsy or a family member and/or caregiver of someone with epilepsy may be requested prior to funds being dispersed. This is not required for initial submission by the applicant and inclusion will not factor into recipient determination.

#### SIGNATURE

Please enter my application in the 2019 CURE Education Enrichment Fund. I understand that the selection of recipients will be at the sole discretion of the Education Enrichment Fund Selection Committee.

By signing below, I certify that all information contained in this application is true and accurate, and I authorize CURE to publish, copyright, and use all information contained in this application, including, but not limited to, display on the Internet on any of the CURE websites. I also certify that I am not a CURE or Lundbeck employee or an immediate family member of CURE or Lundbeck and neither I nor my immediate family members directly or indirectly influence the prescribing of epilepsy medications. I authorize the school to share financial information with the CURE Education Enrichment Fund Selection Committee to determine whether I will require the full \$5,000 scholarship toward tuition, fees, and books.

Signature:

Date:

#### If preferred, hard copy applications can be mailed to:

CURE Education Enrichment Fund  
430 W. Erie St. Suite 210  
Chicago, IL 60654

or emailed to: [scholarship@CUREepilepsy.org](mailto:scholarship@CUREepilepsy.org)

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