



STRONGER TOGETHER

The Epilepsy Foundation's Iowa office has funding available for Iowa youth with a seizure disorder who would like to attend an epilepsy camp of their choice. Available funding is equal to the cost of the camp up to a maximum of \$200. To apply for this funding, please fill out this application and the Epilepsy Foundation's Iowa Community Council Camp Scholarship Committee will review it and advise you if your child is a recipient of a camp scholarship. The actual funding will be dependent on the child showing proof of acceptance to the epilepsy camp.

Epilepsy Camp Scholarship Application

Name of Parents/Guardian: _____

Name of Child: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Name of Epilepsy Camp: _____

Dates of Epilepsy Camp: _____

Requested Scholarship Dollars: _____

When was your child diagnosed with epilepsy? _____

Other information you would like to share: _____

Please return completed form to:

Epilepsy Foundation's Iowa Office

Roxanne Cogil

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Des Moines, IA 50314

PH: 515-238-7660 ~ efiowa@efncil.org

FAX: 515-883-2292 ~ www.epilepsyheartland.org

