

MATTHEW SIRAVO MEMORIAL SCHOLARSHIP AWARD

The Matty Fund awards \$1,000 scholarships annually for college bound High School seniors, residing in the State of Rhode Island, and diagnosed with epilepsy. The scholarship committee will award up to two applicants per year in the amount of \$1,000 to be used towards education expenses.

GENERAL INFORMATION

Name _____ Age _____ Male _____ Female _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Name of high school you attend _____

High School Address _____

How did you hear about this scholarship? _____

The information requested is necessary to process your application. This information will be reviewed by the Matty fund's Scholarship Committee and will remain strictly confidential. Application materials will be reviewed with the essay, letters of recommendation, and extra curricular & community service information weighted most heavily.

Checklist of items for application

Please include the following to complete your application

- Completed General Information (above)
- A letter from your doctor indicating diagnosis of epilepsy
- A copy of your unofficial high school transcript
- A copy of your acceptance letter from the college you plan to attend in the fall (if not included, it will be required prior to awarding of scholarship)
- A list of your extra-curricular activities (both in-school and out, i.e. volunteer activities and community service)
- A short essay (250 typed words or less using 12 point font and double spacing) about epilepsy and its effect on your life. You may use one of the topics below or one of your own:
 - *How have you overcome the challenges of epilepsy (personally, socially, in school, etc.)?*
 - *What does epilepsy mean to you?*
 - *Identify someone who has been helpful in your success. Explain who and how they impacted you.*
 - *Explain an achievement of which you are proud.*
- Two letters of recommendation from someone other than your doctor (such as a teacher, academic advisor, principal, employer or religious leader)
- Please sign below along with a parent or guardian (if under 18) after reading disclaimer below:

Disclaimer: The Matty Fund is a non-profit organization and does not discriminate against, age, gender, color, race, disability or religion. By signing this form, you agree and give permission such that, if selected as an award recipient, the recipients names shall be allowed to be announced and published in any and all media outlets including but not limited to, newspaper, radio, television, internet and be listed on the Matty Fund website.

Applicant's signature _____ Date: _____

Parent's signature _____ Date: _____

Please return this completed application along with ALL necessary documents in ONE package to the following address:

The Matty Fund Scholarship Award
P.O. Box 5300 • Wakefield, RI 02880

Application Deadline: April 1st of each school year