



Helping Other People with Epilepsy
ribbonsforkellsey, inc.

The Joe Caccamo Scholarship

Thank You for your interest in The Joe Caccamo Scholarship awarded by ribbonsforkellsey, inc. It is the mission of ribbonsforkellsey, inc. to increase awareness and provide HOPE ~ Helping Other People with Epilepsy in the Quad Cities and surrounding communities. The Joe Caccamo Scholarship was established in memory of Joe Caccamo, a founding board member and a strong believer in continuing education and lifelong learning. Scholarships are awarded to people with Epilepsy, their caregivers or family members. To find out more about ribbonsforkellsey, inc. please visit our website at www.ribbonsforkellsey.com

Scholarship: \$500 non-renewable paid directly to the successful applicant to be used toward tuition, fees and/or books.

Number of Scholarships: One (1)

Qualified Institutions: Vocational/technical school
Two-year college
Four-year college
Graduate school

Qualifications: People with Epilepsy, caregivers or family members of Epilepsy patients residing or personally affiliated with the Quad Cities or surrounding areas. Scholarships are awarded based on how the applicant has positively dealt with epilepsy as a part of their life. A family member is any immediate family member; parent, spouse, child or sibling.

Application Requirements: Application
Proof of Intent to Attend Qualifying Institution
350-500 Word Essay on how the applicant has positively dealt with epilepsy as part of their life.
Letter of recommendation from a healthcare team member.
(A healthcare team member includes physicians, nurse practitioners, physician assistants, or any certified practitioner who is directly involved in the medical care of the patient with epilepsy. If the applicant is a family member and/or caregiver of someone with epilepsy, this section should be completed by the healthcare team member that cares for the patient with epilepsy.)

Deadlines: August 1st

Notification of award will be made no later than September 1st.

For Scholarship Consideration mail all Application Requirements by August 1st to:

ribbonsforkellsey, inc.
PO Box 1402
Milan, IL 61264



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PERSONAL INFORMATION

First Name

Last Name

Name of person diagnosed with Epilepsy and relationship

Address

City/Town

State

Postal Code

Email

Telephone

Date of Birth (mm/dd/yyyy)

EDUCATIONAL INFORMATION

High School Attending or Attended

Date of Graduation

Post-Secondary School You Are Currently or Will Be Attending

Start Date for Post-Secondary

Educational and Career Goals

Community and Extra-curricular Activities

I certify that the information contained in this application is true.

X _____
Signature of Applicant

Date