

SCHOLARSHIP APPLICATION FORM

FOR SEIZURE DISORDERS EDUCATION



A.U.B.R.I. CORP
3645 MARKETPLACE BLVD
#130-5
EAST POINT, GA 30344
AUBRICORP.ORG/SCHOLARSHIP
FAX: (404) 581-5116

ZEALOUS OPPORTUNITY EMPOWERMENT SCHOLARSHIP

Scholarships from A.U.B.R.I. Corp are granted (**amount varies**) to individuals with seizure disorders for their college or professional education. Recipients are selected by a committee based on applicants' academic performance and the submitted Project Plan for the Epilepsy Community.

Eligibility:

- **Ages 17-21**
- **High School SENIOR or College Student**
- **Acceptance Letter or Proof of Enrollment**
- **2.5 GPA**
- **Documented Seizure Disorder**

Amazingly Unique Babies Redefining the Impossible, Co. (A.U.B.R.I.) believes that we can drive a new era of treatment through education, development, growth, and productivity with awareness and the use of cannabis oil in the State of Georgia. Please thoroughly describe an idea or project that would accomplish this.

***Your project must be related to one or more of the following topics:**

1. Spreading awareness through education and acknowledgement of seizure disorders;
 2. Combat mental health issues and relieve financial burdens related to seizure disorders;
 3. Improving access to cannabis oil in Georgia
- or
4. How to incorporate siblings/family in the treatment of seizure disorders.

***The selected Scholarship recipient will assist A.U.B.R.I. Corp. in the implementation of this project. Application deadline is June 15. The recipient will be notified July 1 via mail or email.**

CONTACT

A.U.B.R.I. CORP
ATTN: SCHOLARSHIP COMMITTEE
3645 MARKETPLACE BLVD
#130-5
EAST POINT, GA 30344
AUBRI.CORP@GMAIL.COM
FAX: (404) 581-5116

ZEALOUS OPPORTUNITY EMPOWERMENT SCHOLARSHIP

A.U.B.R.I. CORP

NAME _____

DATE OF BIRTH _____ GENDER _____ RACE _____

GPA _____ INTERESTS _____

HIGH SCHOOL/COLLEGE CURRENTLY ATTENDING _____

EMAIL _____ PH # _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DOCUMENTED SEIZURE DISORDER DATES _____

SIGNATURE _____ DATE _____

Any supporting documents must be sent at the time of submission. To ensure applicants have a complete packet please use the checklist below.

- Completed Page 2 of Application
- Copy of Acceptance Letter or Proof of Enrollment
- Copy of Documented Seizure Disorder
- Unofficial Transcript
- Project Plan on Any Topic Below:

****Your project must be related to one or more of the following topics:**

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 2. Combat mental health issues and relieve financial burdens related to seizure disorders;
 3. Improving access to cannabis oil in Georgia
- or
4. How to incorporate siblings/family in the treatment of seizure disorders.

****If chosen as the Scholarship recipient, you will assist A.U.B.R.I. Corp. in the implementation of this project. Application deadline is June 15. Recipient will be notified by July 1.**

FOR INTERNAL USE ONLY

RECEIVED BY _____
DATE RECEIVED _____

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