



Northwell Initiative
to Cure Epilepsy

NICE Scholarship Application

Applicant Information

First Name _____ Last Name _____

Address _____

City/State _____ ZIP _____

Applicant Contact # _____ Parent/Guardian Contact # _____

School Grade of Applicant _____ Applicant Date of Birth _____

How many dependents under the age of 18 live at home with your parent(s)/legal guardian(s). Include yourself if applicable (if not applicable write N/A).

Annual Household Income (to the best of your ability please provide exact amount – not a range) _____

Will your household be responsible for paying the tuition of other children?

Yes _____ No _____

Estimated amount of camp tuition for applicant children

Have you applied for a NICE Scholarship before? Yes _____ No _____

If yes, what year(s) did you apply? _____

Who is your doctor at Northwell Health? Write 'none' if you are not a patient.

NOTE: This will not affect your application

"I certify that the information contained in this application is true." If under 18 years of age parent/guardian must sign. (Write N/A if not applicable)

Signature of Applicant

Signature of Parent/Guardian

First and Last Name

First and Last Name

Date

Date