

Gregory W. Gile

JULY 21, 1966 – AUGUST 2, 1987

This scholarship is given in memory of a courageous, compassionate young man who lost the struggle with epilepsy in August of 1987. The amount of the scholarship varies according to interest income, but it recently has averaged \$1,500.

Greg was raised in the Boise area where he attended school. After facing several setbacks from seizures, he bravely finished his high school education with determination and dignity that was inspirational to all who knew him.

Greg planned on attending Boise State University when the battle against his rare type of epilepsy was lost.

Of the many wonderful memories Greg left for his family and friends, the best was his philosophy of accomplishing goals: that was, "YOU NEVER FAIL UNTIL YOU STOP TRYING." And so, it is in this spirit that this scholarship is given, for Greg's educational dreams to live on.

FOR APPLICATIONS OR QUESTIONS
PLEASE CONTACT:

Epilepsy Foundation of Idaho
310 West Idaho Street
Boise, Idaho 83702
208-344-4340
1-800-237-6676
E-mail: efid@EpilepsyIdaho.org
Website: www.EpilepsyIdaho.org

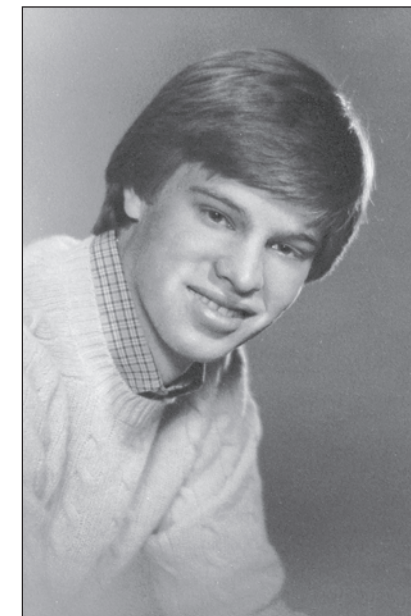
SCHOLARSHIP RECIPIENTS

- ☞ 1988 ☞
Mark A. Watson ~ Craigmont
- ☞ 1989 ☞
Paul M. Tucker ~ Mountain Home
- ☞ 1990 ☞
Tammy M. Bowen ~ Salmon
- ☞ 1991 ☞
Alan L. Paio ~ Boise
- ☞ 1992 ☞
Alan L. Paio ~ Boise
- ☞ 1993 ☞
Cynthia McUne ~ Idaho Falls
- ☞ 1994 ☞
Kt Cunningham ~ Boise
- ☞ 1995 ☞
Stephanie A. Leeman ~ Idaho Falls
- ☞ 1996 ☞
Molly O'Loughran ~ Kooskia
- ☞ 1997 ☞
Brandi J. Lopez ~ Cascade
- ☞ 1998 ☞
Julia Peterson ~ Boise
- ☞ 1999 ☞
Travis Krasselt ~ Potlatch
- ☞ 2000 ☞
James M. Skaggs ~ Boise
- ☞ 2001 ☞
Doemiko Scharp ~ Sagle
- ☞ 2002 ☞
Darren Trumbull ~ Caldwell
- ☞ 2003 ☞
Scott Freeland ~ Meridian
- ☞ 2004 ☞
Travis L. Stepon ~ Emmett
- ☞ 2005 ☞
Amanda Thomas ~ Coeur d'Alene
- ☞ 2006 ☞
Fahrueldin "Dean" Ebed ~ Boise
- ☞ 2007 ☞
Justine Marie Streeby ~ Emmett
- ☞ 2008 ☞
John Walker ~ Filer

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Epilepsy Foundation of Idaho
310 West Idaho
Boise, Idaho 83702

Gregory W. Gile



2009 Memorial Scholarship Program

*For Idaho
High School Seniors
or continuing College Students
with Epilepsy*

GREGORY W. GILE MEMORIAL SCHOLARSHIP APPLICATION

The objective of the Gregory W. Gile Memorial Scholarship is to promote educational opportunities for Idaho high school graduates or established and continuing college students with epilepsy.

SELECTION FACTORS

1. Strong career goals.
2. Strength of recommendations.
3. How applicant has faced challenges due to epilepsy.
4. Financial need.

SELECTION CRITERIA

1. U.S. citizen or permanent resident, resident of Idaho at least one year with a medical diagnosis of epilepsy.
2. Applicant must be a graduate of an Idaho high school, either entering or continuing school and pursuing an academic or vocational undergraduate degree or certificate.
3. Applicant must enroll for a minimum of 12 credits or full-time.
4. Preference will be given to those applicants planning to attend an Idaho institution.

DOCUMENTS TO SUBMIT

1. Two letters of recommendation.
2. Application form.

3. Physician statement (use enclosed form).
4. Typewritten letter of application (not more than two pages) from the student answering the following:
 - a) What are your career goals and why have you selected these goals?
 - b) What plans have you made to finance your education? State your specific financial needs as a student, not that you want to be independent of your parents.
 - c) State frequency and type of seizure(s), medication(s) prescribed, any problems – past or present – associated with epilepsy and how they have been addressed.
 - d) Give a brief statement about your feelings on epilepsy and how you have faced whatever challenges it may have presented.
 - e) Provide a brief description of yourself and your interests.
5. If applicant is connected with the Epilepsy Foundation of Idaho through its central or a regional office, a letter of recommendation from a Foundation representative.

CONTRIBUTIONS

Contributions to the GREGORY W. GILE SCHOLARSHIP FUND are tax deductible and may be made through the Epilepsy Foundation of Idaho office.

Please indicate your donation is for the scholarship.

Gregory W. Gile Scholarship Application

For Idaho High School Seniors or Established and Continuing College Students with Epilepsy

Please print or type and answer all questions carefully. Use additional sheets of paper if necessary.

Applicant's Name (Last, First, Middle)		Phone Number	
Address (Street, City, Zip)		Email Address	
Parent/Guardian Name		Phone Number	
Address (Street, City, Zip)		Email Address	
Social Security Number	Birth Date	Birth Location	U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School Attending / Attended		Have you applied for or received any other scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No	
High School Address (Street, City, Zip)			
College Attending			
College Address (Street, City, Zip)			
(Signature verifies that the information provided is accurate and any false information given shall be considered cause for rejection of this application.)			
Signature of Applicant			Date

Application Deadline: March 16, 2009

(Must be received by March 16, 2009)

Return Form To: Epilepsy Foundation of Idaho
310 West Idaho Street
Boise, Idaho 83702

This application form and other listed documents must be submitted by the application deadline in order to be considered for the GREGORY W. GILE MEMORIAL SCHOLARSHIP. Incomplete applications will not be considered.

Physician Statement for Gregory W. Gile Memorial Scholarship

Patient Name: _____ Age at seizure onset: _____

Etiology: _____

Seizure Type(s): Absence Complex Partial Generalized Tonic Clonic
 Myoclonic Juvenile Myoclonic Epilepsy (JME)
 Other (please specify) _____

Antiepileptic Drugs

AEDs	Doseage	AEDs	Doseage
<input type="checkbox"/> Carbatrol (extended release carbamazepine)		<input type="checkbox"/> Neurontin (gabapentin)	
<input type="checkbox"/> Depakene <input type="checkbox"/> (valproate)		<input type="checkbox"/> phenobarbital	
<input type="checkbox"/> Depakote <input type="checkbox"/> (valproate)		<input type="checkbox"/> Phenytek (extended phenytoin sodium)	
<input type="checkbox"/> Dilantin <input type="checkbox"/> (phenytoin)		<input type="checkbox"/> Tegretol	
<input type="checkbox"/> Felbatol (felbamate)		<input type="checkbox"/> (carbamazepine)	
<input type="checkbox"/> Gabitril (tiagabine)		<input type="checkbox"/> Tegretol XR	
<input type="checkbox"/> Keppra (levetiracetam)		<input type="checkbox"/> Topamax (topiramate)	
<input type="checkbox"/> Klonopin <input type="checkbox"/> (clonazepam)		<input type="checkbox"/> Tranxene <input type="checkbox"/> (clorazepate)	
<input type="checkbox"/> Lamictal (lamotrigine)		<input type="checkbox"/> Trileptal (oxcarbazepine)	
<input type="checkbox"/> Lyrica (pregabalin)		<input type="checkbox"/> Zarontin <input type="checkbox"/> (ethosuximide)	
<input type="checkbox"/> Mysoline <input type="checkbox"/> (primidone)		<input type="checkbox"/> Zonegran (zonisamide)	
		<input type="checkbox"/> other (please specify)	

Prognosis:

Signature

Printed Name

Please return form to: Epilepsy Foundation of Idaho • 310 West Idaho Street • Boise, ID 83702