

Mark Richard Music

October 23, 1957 – December 13, 1996

Although Mark had epilepsy since he was 11 years old, he was determined it was not going to prevent him from leading a full life, and it did not. Raised in Tulsa, Oklahoma, he graduated from the University of Tulsa in 1981 with a B.S. degree in business administration. Subsequently, he worked in sales and owned a pipe and valve company. At the time of his death, he was a territory manager for Lennox Industries and exceeded every sales goal set for him.

In 1988, he married Vicky Paddock and they had a beautiful daughter, Emily Grace. He met the challenges of marriage and parenthood with the same commitment and positivism with which he approached all of life, and it was in his family life that he found the most joy and happiness.

This \$500 scholarship is established in memory of this extraordinary man. It is the hope of his family that he continue to provide inspiration and an example of tenacity and integrity as he did in life.

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

PREVIOUS SCHOLARSHIP RECIPIENTS

☞ 2002 ☞

Reagan Reynolds ~ Burley

☞ 2003 ☞

Mayda Murillo ~ Caldwell

☞ 2004 ☞

Jamie Pierson ~ Boise

☞ 2005 ☞

Jamie Pierson ~ Boise

☞ 2006 ☞

Saige Harrington ~ Boise

☞ 2007 ☞

Lindsey Yvonne Nutsch ~ Twin Falls

☞ 2008 ☞

Greg Allen Henscheid ~ Rupert

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Epilepsy Foundation of Idaho
310 West Idaho
Boise, Idaho 83702

Mark Music



2009 Memorial Scholarship Program

For
High School Seniors
or continuing College Students
with Epilepsy

MARK RICHARD MUSIC MEMORIAL SCHOLARSHIP APPLICATION

The objective of the Mark Richard Music Memorial Scholarship is to promote educational opportunities for Idaho residents 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 high school graduate or hold an equivalent certificate, and be 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
MARK RICHARD MUSIC
SCHOLARSHIP FUND
are tax deductible and may be made through
the Epilepsy Foundation of Idaho office.

*Please indicate your donation
is for the scholarship.*

Mark Richard Music Scholarship Application

For 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 MARK RICHARD MUSIC MEMORIAL SCHOLARSHIP. Incomplete applications will not be considered.

Physician Statement for Mark Music 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