



## Epilepsy Safety Net Program

The Jon Denzer Bear Hug Foundation announces the Epilepsy Safety Net Program. Under the Program, services or financial assistance will be awarded to young adults ages 18-30 that demonstrate an impact to the quality of their lives as a result of living with Epilepsy. We seek candidates who lack a financial, community or emotional support system or “safety net”.

### **PROGRAM GUIDELINES & PRIORITIES**

- The recipient will be 18 years or older up to 30 years old.
- The recipient will have been diagnosed with Epilepsy.
- The recipient will provide proof of need of financial assistance or a service as a result of the impacts of Epilepsy.
- They will demonstrate that they are complying with Medical recommendations that mitigate seizure triggers such as; taking prescribed medicine in accordance with Doctors instruction, no drug use or alcohol abuse, getting enough sleep, limiting caffeine, etc.

\* Applications may be received throughout the year and monthly assistance may be granted to the candidate.

Contact the Foundation with a description of the impact that Epilepsy has made in your life along with proof of financial assistance or service needed to:

Jon Denzer Bear Hug Foundation  
Epilepsy Safety Net Program Committee  
c/o Carol Denzer  
3538 Westbrook Road  
Chillicothe, IL 61523

The applications will be reviewed and recipients selected by the Jon Denzer Bear Hug Foundation Epilepsy Safety Net Committee. The scholarships will be awarded quarterly.

Applications may be downloaded from the Jon Denzer Bear Hug Foundation Facebook page.

Please submit any questions to: [carol.denzer@gmail.com](mailto:carol.denzer@gmail.com)  
Phone 309-256-7189



**LET'S DO SOME GOOD.... JUST LIKE JON!**

# EPILEPSY SAFETY NET PROGRAM APPLICATION 2020

<b>PLEASE TYPE YOUR ANSWERS</b> USE AN ADDITIONAL PIECE OF PAPER IF NECESSARY			
<b>LAST NAME</b>		<b>FIRST NAME, MIDDLE INITIAL</b>	
<b>MAILING ADDRESS</b>			
<b>STREET</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>
<b>DAYTIME TELEPHONE NUMBER (     )</b>			
<b>EMAIL ADDRESS</b>			
<b>DATE OF BIRTH</b>	<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>
<b>EMPLOYER</b> IF APPLICABLE			
<b>EMPLOYER ADDRESS</b>			
<b>DAYTIME TELEPHONE NUMBER (     )</b>			
<b>LENGTH OF SERVICE WITH CURRENT EMPLOYER</b>			
<b>DESCRIBE YOUR NEED AND WHY YOU THINK YOU SHOULD BE CONSIDERED FOR A SAFETY NET GRANT.</b>			
<b>ADVISE THE COMMITTEE OF ANY OTHER ITEMS THAT YOU WOULD LIKE THEM TO CONSIDER WHEN REVIEWING YOUR APPLICATION</b>			
<b>FAMILY GROSS ANNUAL INCOME FROM 2019 INCOME TAX FORM 1040 LINE #22</b>			
<input type="checkbox"/> <\$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> \$40,000-\$60,000 <input type="checkbox"/> \$60,000-\$80,000 <input type="checkbox"/> >\$80,000			
<b>NUMBER OF YEARS OF RESIDENCY IN PEORIA COUNTY OR TAZEWELL COUNTY, IL</b>			
<b>PLEASE LIST ANY OTHER SCHOLARSHIPS/GRANTS APPLIED FOR AND ANY AWARDED</b>			

# EPILEPSY SAFETY NET PROGRAM APPLICATION 2020

**PLEASE TYPE YOUR ANSWERS** USE AN ADDITIONAL PIECE OF PAPER IF NECESSARY

**NAME AND ADDRESS OF PARENT(S) OR LEGAL GUARDIAN(S)** INCLUDE ADDRESS IF DIFFERENT THAN YOUR OWN LISTED IN QUESTION 2

**NAME(S)**

**STREET**

**CITY**

**STATE**

**ZIP**

**PHONE OF PARENTS OR LEGAL GUARDIANS (     )     )**

**WORK PHONE (     )     )**

**NAME(S)**

**STREET**

**CITY**

**STATE**

**ZIP**

**PHONE OF PARENTS OR LEGAL GUARDIANS (     )     )**

**WORK PHONE (     )     )**

## STATEMENT OF ACCURACY FOR APPLICANT

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a grant recipient, my picture may be taken and used to promote the Jon Denzer Bear Hug Foundation Epilepsy Safety Net Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this program.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_