

Stephen A. Segar Epilepsy Scholarship

The Stephen A. Segar Epilepsy Scholarship was created in 2007 to support college bound high school seniors that are living with epilepsy. At the age of 35 Steve was diagnosed with epilepsy. Throughout his epilepsy journey Steve learned how to manage his diagnosis while supporting his family and running a successful law firm. Realizing that an epilepsy diagnosis does not mean you have to alter or abandon your dreams is one of the many reasons that Steve is proud to support students in their future endeavors through his scholarship.

Students interested in applying for the Stephen A. Segar Epilepsy Scholarship must be living with epilepsy and planning to attend a four-year college in the fall.

To apply for the scholarship students must:

- Complete and submit the attached application and essay which includes a signature from their treating doctor
- Submit a copy of their most current high school(unofficial) transcript
- Submit a letter of recommendation from a high school teacher or counselor
- Submit a college application, acceptance letter or confirmation of enrollment

Applications should be mailed to the address below by **Friday, May 22, 2026**.

Tracy DonVito
Sega & Sciortino PLLC
400 Meridian Centre, Suite 320
Rochester, NY 14618

TDonVito@SegarLaw.com

Three high school seniors will receive a \$3,500 scholarship to support their future college and career endeavors.

Stephen A. Segar Epilepsy Scholarship Application

| Part One – General Information | | |
|---|--------------|------|
| Name: | | Age: |
| Address: | City: | Zip: |
| Phone #: | Email: | |
| Name of High School Attending: | | |
| Expected Graduation Date: | Current GPA: | |
| List the 4 Year Colleges that you have applied to: | | |
| Intended Major in College: | | |
| List any honors or awards you have received while in high school: | | |
| List any sports, clubs or other activities that you participated in during high school: | | |
| Part Two – Epilepsy History | | |
| At what age were you diagnosed with epilepsy? | | |

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|--|-----------|-------|
| Do you currently treat with a doctor for your epilepsy? | | |
| Do you currently take medicine for your seizures? | | |
| List the name of the doctor treating your epilepsy: | | |
| Doctor Certification: | | |
| By signing on the line below, I certify that I actively treat the student listed above for their epilepsy condition and I recommend them for the Stephen A. Segar Epilepsy Scholarship. | | |
| _____ | _____ | _____ |
| Print Name | Signature | Date |
| Part Three – Essay | | |
| On a separate sheet of paper, write a brief essay (500-700 words) related to living with epilepsy. | | |
| Part Four – Items to Enclose for Scholarship Consideration | | |
| <ul style="list-style-type: none"> • Completed application which includes doctor signature • Typed essay • Letter of recommendation from high school teacher or counselor • Most current unofficial high school transcript • Copy of college application, acceptance letter or confirmation of enrollment | | |

Please return all items listed above by **Friday, May 22, 2026** to:

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