

**EPILEPSY FOUNDATION WESTERN/CENTRAL PENNSYLVANIA
SCHOLARSHIP PROGRAM
FACT SHEET**

Purpose:

To assist an individual who has epilepsy with his/her academic and/or vocational training.

MINIMUM APPLICANT QUALIFICATIONS:

Applicant must:

- 1) Have a diagnosis of epilepsy/seizure disorder; this must be confirmed by a statement from the applicant's physician.**
- 2) Provide proof of acceptance to a post-secondary academic or vocational program.**
- 3) Be a high school graduate of the class of 2010.**
- 4) Attend school full-time in the 2010 - 2011 school year.**
- 5) Submit a completed application no later than MARCH 27, 2010.**
- 6) Be a legal resident of Western/Central Pennsylvania.**
- 7) Commit to participate in at least one EFWCP program or event in addition to attending one of the EFWCP's Run/Walks by December 31, 2011. Examples of possible programs and events include: Camp Frog counselor, Teen Getaway counselor, Youth Council member, or volunteering to assist with a social or educational event. EFWCP staff will talk with each scholarship recipient to discuss involvement opportunities.**

Note: Awards will be based on the quality of applications through a competitive scoring system that balances need with achievement. The Epilepsy Foundation Western/Central PA reserves the right to determine each year the number of scholarships given. This is a one time award.

TIME LINE

Nov. 2009	Scholarship Availability Announcement
March 27, 2010	Application Deadline
May 18, 2010	Winners Award Announcement
June 2010	Award Presentation

**EPILEPSY FOUNDATION WESTERN/CENTRAL PENNSYLVANIA
SCHOLARSHIP PROGRAM
APPLICATION**

Note: application must be typed, or it can be reproduced in same format on computer. If reproduced, please be sure to include all sections. Incomplete applications will be discarded.

1. Name:

Last	First	Middle Initial
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Birth Date _____

2. Parents'/ Guardian Name:

3. Home Address:

Street	Apt. #	City	Zip
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4. Mailing Address (if different from above):

Street	Apt. #	City	Zip
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5. Phone:

Daytime () _____ **Evening:** () _____

6. Name and address of school you are currently attending:

7. Name and address of school you will be attending during the next academic year:

Note: verification of acceptance into the school program you will be attending must be submitted. Applicants must provide a high school transcript, SAT scores, if required, class rank and grade point average.

8) Indicate your status:

_____ Full-time day student

_____ Number of credit hours per semester/quarter

9) Major area of field or study:

10) List all special awards or honors received during school or outside school:

11) List all extracurricular activities in school:

12) List activities outside of school: (clubs, hobbies, volunteering, employment, etc.)

13) Work Experience. List employer and dates worked (attach resume if available):

Dates worked: Name and Address of Employer: Hours worked per week:

14) Financial Data:

Number of persons in your family _____

Number of dependents in your family _____

Total family income (gross) for previous tax year _____

Total applicant income (gross) for previous tax year _____

Please note: a copy of the applicant's family IRS filing from the previous year must accompany this application to verify income.

15) Scores and GPA

SAT Scores (if required) _____

Class Rank _____

Grade Point Average _____

16) References:

List three references, including at least one teacher or advisor/counselor: *do not use relatives.* One letter of reference must accompany your application.

Reference Name: Address: Phone: How Known:

Tell us about your seizure disorder:

17) Age of seizure onset _____

18) Type of seizure (s) that you experience

19) Frequency of seizures:

a) Per year _____

b) Per month _____

c) Per day _____

20) Controlled (please check):

a) Yes _____

b) No _____

21) Date of last seizure: _____

22) Epilepsy Surgery (please check):

Yes _____

No _____

23) Use of vagal nerve stimulator (please check):

Yes _____

No _____

24) Medication(s) and dosage that you are presently taking:

25) Personal Statement:

Please attach a short typewritten or computer generated essay (220 word minimum) about your academic goals and how having epilepsy has affected or influenced these goals and your work toward achieving them. *Be sure to include your career goals, personal experiences and how you overcame adversity.*

26) SIGNATURE:

Applicant Name

Date

Scholarships will be presented at our Family Run/Walks for Epilepsy in Pittsburgh and Harrisburg. *The Epilepsy Foundation Western/Central PA requests that all recipients make every effort to attend one of the Run/Walks to receive their scholarship award in person. If a recipient is unable to attend one of the Run/Walks, the scholarship will be mailed to them.*

Applications must be postmarked by March 27, 2010.

ATTACHMENTS REQUIRED:

_____ Physician's verification of diagnosis of Epilepsy /Seizure Disorder

_____ Verification of acceptance into school

_____ School Transcripts

_____ Personal Statement

_____ IRS Copy of last year's filing

_____ Personal Reference letter

Return completed applications to:

**The Epilepsy Foundation Western/Central Pennsylvania
1501 Reedsdale Street, Suite 3002
Pittsburgh, PA 15233
(412) 322-5880 or 1-800-361-5885**