

**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 2012.**
- 4) **Attend school full-time in the 2012 - 2013 school year.**
- 5) **Be a legal resident of Western/Central Pennsylvania.**

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. 1, 2011	Scholarship Availability Announcement
March 30, 2012	Application Deadline; All scholarships must be received
May 18, 2012	Winners Award Announcement
June 2012	Award Presentation

**TO APPLY: Write or Call:**

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

**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:**

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<b>Last</b>	<b>First</b>	<b>Middle Initial</b>
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**Birth Date** \_\_\_\_\_

**2. Parents'/ Guardian Name:**

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**3) Home Address:**

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<b>Street</b>	<b>Apt. #</b>	<b>City</b>	<b>Zip</b>
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**4) County in which you reside:** \_\_\_\_\_

**5) Mailing Address (if different from above):**

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<b>Street</b>	<b>Apt. #</b>	<b>City</b>	<b>Zip</b>
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**6) Phone:**

**Daytime** (    ) \_\_\_\_\_ **Evening:** (    ) \_\_\_\_\_

**7) Name and address of school you are currently attending:**

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**8) Name and address of school you will be attending during the next academic year:**

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*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.*

**9) Indicate your status:**

\_\_\_\_\_ Full-time day student

\_\_\_\_\_ Number of credit hours per semester/quarter

**10) Major area of field or study:**

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

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**12) List all extracurricular activities in school:**

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

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**14) Work Experience. List employer and dates worked (attach resume if available)**

**Dates worked:            Name and Address of Employer:            Hours worked per work:**

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**15) Financial Data:**

**Persons in your family:    # adults \_\_\_\_\_ #children \_\_\_\_\_**

**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.*

**16) Scores and GPA**

**Class Rank\_\_\_\_\_**

**Grade Point Average\_\_\_\_\_**

**SAT Scores (if required)\_\_\_\_\_**

**17) 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:**

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**Tell us about your seizure disorder:**

18) Age of seizure onset \_\_\_\_\_

19) Type of seizure (s) that you experience \_\_\_\_\_

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20) Frequency of seizures:

a) Per year \_\_\_\_\_

b) Per month \_\_\_\_\_

c) Per day \_\_\_\_\_

21) Controlled (please check):

a) Yes \_\_\_\_\_

b) No \_\_\_\_\_

22) Date of last seizure: \_\_\_\_\_

23) Epilepsy Surgery (please check):

Yes \_\_\_\_\_

No \_\_\_\_\_

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

Yes \_\_\_\_\_

No \_\_\_\_\_

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


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**26) 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.***

**27) SIGNATURE:**


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**Applicant Name**
**Date**

**Scholarships will be presented at our Family Run/Walk for Epilepsy in Pittsburgh in June, 2012. If a recipient is unable to attend the Run/Walk in June, the scholarship will be mailed to them.**

*The Epilepsy Foundation Western/Central PA requests all recipients make a concerned effort to attend the Run/Walk.*

**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**