



**EPILEPSY
FOUNDATION**

WESTERN/CENTRAL PENNSYLVANIA

1501 Reedsdale Street, Suite 3002
Pittsburgh, PA 15233

Fall 2011

Dear Applicant,

We are pleased to enclose an application for the scholarships offered by the Epilepsy Foundation Western/Central Pennsylvania. This year, there are six \$1000 awards available; however, the Foundation reserves the right to determine each year the number of scholarships to be awarded based on the quality of the applications.

Specific criteria for acceptance as a potential candidate are defined in the attached "Scholarship Fact Sheet." **PLEASE DO NOT SUBMIT AN APPLICATION IF YOU DO NOT MEET THE MINIMUM REQUIREMENTS LISTED.**

Scholarship recipients will be determined through a competitive scoring system that balances need with achievement. Winners will be notified of award on or about May 18, 2012, and awards will be presented in June of 2012.

Thank you for your interest in our scholarship program.

Sincerely yours,

Patricia Crumrine, MD
Chair, Scholarship Committee

(412) 322-5880 1 (800) 361-5885 FAX: (412) 322-7885 TDD EOP/AUX AID 1-800-855-2880
www.efwp.org

An Independently Incorporated affiliate of the Epilepsy Foundation

**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:

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) County in which you reside: _____

5) Mailing Address (if different from above):

Street	Apt. #	City	Zip
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6) Phone:

Daytime () _____ Evening: () _____

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

8) 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.

9) Indicate your status:

_____ Full-time day student

_____ Number of credit hours per semester/quarter

10) Major area of field or study:

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

12) List all extracurricular activities in school:

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

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

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

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:

Tell us about your seizure disorder:

18) Age of seizure onset _____

19) Type of seizure (s) that you experience _____

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:

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:

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