

Epilepsy Foundation Western/Central Pennsylvania 2018 scholarship program for students who have epilepsy/seizure disorder.

The EFWCP will award eleven \$1,000 scholarships to graduating high school seniors who have epilepsy/seizure disorder and who are going on to post-secondary school.

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 2018.**
- 4) Attend school full-time in the 2018 - 2019 school year.**
- 5) Be a legal resident of Western/Central Pennsylvania.**
- 6) Must attend at least one of the EFWCP's Run Walks in Pittsburgh, Harrisburg, Johnstown or Erie.**

Do not staple or fold paper work. Use a paper/binder clip and return in a large envelope.

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

Oct. 18, 2017	Scholarship Availability Announcement
March 16, 2018	Application Deadline; all scholarships must be received by March 16, 2018
May 1, 2018	Winners Award Announcement
June/July 2018	Award Presentation at the EFWCP Family Fun Run/Walk in Pittsburgh

TO APPLY: Write or Call:

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

First Initial and Last Name _____

**EPILEPSY FOUNDATION WESTERN/CENTRAL PENNSYLVANIA
SCHOLARSHIP PROGRAM
2018 APPLICATION**

NOTE: Complete the Application. Do not write answers on a separate paper. Incomplete applications will be discarded.

1. Contact Information

Last Name:		First Name:	
Age:		Date of Birth:	
Parent/Guardian:			
Home Address:			
City, State Zip:			
County in which you reside:			
Mailing Address (if different from above):			
City, State Zip:			
Applicant Cell Phone:			
Applicant Email:			
Parent/Guardian Phone:			
Parent Guardian Email:			

2. School Information

Name and address of school you are currently attending:	
Name and address of school you will be attending during the next academic year:	
Will you be a Full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be a Part-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of credit hours per semester/quarter:	
Major or Field of study:	

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

First Initial and Last Name _____

3. Awards and Activities (Use separate paper, if needed)

List all special awards or honors received during school or outside school:
1)
2)
3)
4)
5)
6)
List all school extracurricular activities: 1) _____
2)
3)
4)
5)
6)
List activities outside of school: (clubs, hobbies, volunteering, employment, etc.)
1)
2)
3)
4)
5)
6)

4. Work Experience

Dates Worked	Name and Address of Employer	Hours worked per week

Attach a resume, if available.

First Initial and Last Name _____

5. Financial Data

Number of Adults in your family:	
Number of Children in your family:	
Total family income (gross) for the 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. (First 2 pages of 1040, no additional schedules please.)

6. Scores and GPA

Class Rank:	
Grade Point Average:	
SAT Scores (if required):	

7. References

List three references, including at least one teacher or advisor/counselor.

DO NOT USE RELATIVES.

One letter of reference must accompany your application.

Name and Address	Phone	How Known

8. Information about your seizure disorder:

Age of seizure onset:					
Type(s) of seizure that you experience:					
# of seizures	Per year:		Per month:		Per day:
Are your seizures controlled?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Last Seizure:					
Have you had Epilepsy Surgery?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a Vagal Nerve Stimulator?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medications(s) you are presently taking, and the dosage(s):					

9. Personal Statement:

Please attach a short typed 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.*

Scholarship Presentation:

Scholarships will be presented at the EFWCP Family Run/Walk in July at PNC Park in Pittsburgh. Special recognition of scholarship recipients will also take place at Run/Walks in Johnstown, Erie and Harrisburg in May, June and August, respectively. You must attend at least 1 of the Run Walks to be eligible for the scholarship.

****Not being present at a Run/Walk could result in forfeiting your scholarship.**

First Initial and Last Name _____

Check which Run/Walk you will attend if you should be awarded a scholarship; you can attend more than one. *Family Run/Walk dates have not yet been finalized* as of the printing of this application. Please call the office at 1-800-361-7885 if you need to know the specific dates to plan which Run/Walk(s) you are attending.

<input type="checkbox"/> Yes	Pittsburgh Pirates Family Fun Run/Walk at PNC Park, <i>a Saturday in June or July, 2018, 9 AM</i>
<input type="checkbox"/> Yes	Harrisburg Senators Family Fun Run/Walk at Metro Bank Park, <i>a Saturday in August 2018, 9 AM</i>
<input type="checkbox"/> Yes	Highmark Walk for a Healthy Community, Erie, <i>Saturday, June 2018, 9AM</i>
<input type="checkbox"/> Yes	Highmark Walk for a Healthy Community, Johnstown, <i>Saturday, May, 2018, 9AM</i>

SIGNATURE:

Applicant Signature:	
Date:	

ATTACHMENTS REQUIRED:

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

_____ Verification of acceptance into school

_____ School Transcripts

_____ Copy of last year's IRS filing (*First 2 pages of 1040 only.*)

_____ Resume (*if available*)

_____ Personal Reference Letter

_____ Personal Statement

_____ BE sure that First Initial and Last Name is written on the top of each page of application