



## Scholarship Application

For high school seniors and current college students who have epilepsy and who live or attend a higher education institution in New York State. A maximum of three winners will be chosen. Please send in this form no later than April 30<sup>th</sup> in the year you are applying.

### PART 1: General Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about this scholarship program? \_\_\_\_\_

At what age were you diagnosed with epilepsy? \_\_\_\_\_

Are you seeing a doctor for epilepsy? \_\_\_\_\_

Name of recommending doctor: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Do you authorize your doctor to release information about you for this scholarship program? \_\_\_\_\_

Do you authorize Epilepsy Alliance West Central New York to release information about you for this scholarship program's promotional purposes? \_\_\_\_\_

Name of school: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Address: \_\_\_\_\_

Colleges or schools to which you have applied (for high school applicants):

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **PART 2:**

Current grade point average: \_\_\_\_\_

List any honors you have earned: \_\_\_\_\_

\_\_\_\_\_

## **PART 3: Extracurricular Activities**

List any of your extracurricular activities (sports, volunteering, etc.):

\_\_\_\_\_

\_\_\_\_\_

## **PART 4: Essay**

Write a brief essay expressing your experience of living with epilepsy. Your essay should be between 500 and 700 words. Please attached the essay as a separate document.

## **PART 5: Items to Enclose**

- Letter of support from your physician in a sealed envelope
- Letter of support from a teacher, school advisor, or professor
- Copy (unofficial) of your high school or college transcript
- Your essay
- A copy of your college application, acceptance letter, or confirmation of enrollment\*
- This signed application form

## **Please return the items listed above to:**

Epilepsy Alliance West Central New York | EPI  
1650 South Ave  
Rochester, NY 14620

\*High school seniors may not have an official acceptance notice from a college, vocational school, or trade school at this time. However, they should still apply for this scholarship and will be given full consideration in the judging process. Scholarship funds will be released contingent upon an official enrollment notice and tuition bill from the college or school.