EPILEPSY FOUNDATION
Western/Central Pennsylvania

Fall 2017

Dear Guidance Counselors/ Financial Aid Professionals:

I am writing to tell you about the 2018 Epilepsy Foundation Western/Central Pennsylvania scholarship program for students who have epilepsy/seizure disorder.

This year the EFWCP will award eleven $1,000 scholarships.

Awards will be based on the quality of the student's application determined through a competitive scoring system that balances need with achievement.

We have included a "Fact Sheet" which defines the minimum requirements for application; please encourage only students who meet these criteria to apply.

Applications for a scholarship must be received no later than March 16, 2018.

If you have further questions or if you need more applications, please call me at 1-800-361-5885 or 412-322-5880.

Thank you for spreading the word about our scholarships!

Sincerely,

Francine Eden

Francine Eden
Adult Services Coordinator

1501 Reedsdale Street, Suite 3002, Pittsburgh, PA 15233

PHONE: 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 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
2017 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?	□ Yes	□ No
Will you be a Part-time student?	□ Yes	□ 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. (<u>First 2</u> pages of 1040, <u>no additional schedules please.)</u>

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

First Initial and Last Name_____

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?	□ Yes □ No					
Date of Last Seizure:						
Have you had Epilepsy Surgery?	□ Yes □ No					
Do you have a Vagal Nerve Stimulator?	□ Yes □ 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.

□ Yes	Pittsburgh Pirates Family Fun Run/Walk at PNC Park, *a Saturday in June or July, 2018, 9 AM*
□ Yes	Harrisburg Senators Family Fun Run/Walk at Metro Bank Park, *a Saturday in August* 2018, 9 AM
□ Yes	Highmark Walk for a Healthy Community, Erie, *Saturday, June 2018, 9AM*
□ Yes	Highmark Walk for a Healthy Community, Johnstown, *Saturday, May, 2018, 9AM*

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