



**Deadline:** Must be post-marked by **May 15, 2020**

***Epilepsy Foundation of Northwest Ohio***  
**APPLICATION FORM** Scholarship Amount \$2,500.00  
Administered by the *Epilepsy Foundation of Northwest Ohio*

**Vision:** The recipient of the **Scholarship** will be a student who shows courage when dealing with epilepsy and seizures, a strong commitment to their education, and perseverance in eliminating the obstacles epilepsy and seizures may present.

**Restrictions:** The applicant must be a college-bound high school senior or current college student residing in Northwest Ohio. They must have epilepsy/seizure disorder, be under a physician's care, and **currently undergoing treatment and/or taking anticonvulsant medications**. Applicant must be able to demonstrate a struggle to overcome adversity because of their epilepsy/seizures.

**PART 1: GENERAL INFORMATION** (Please print or type)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you currently being treated by a physician for epilepsy?  Yes  No If yes, who: \_\_\_\_\_

Are you presently taking anticonvulsant medication?  Yes  No

Are you currently or have you been involved with the *Epilepsy Foundation/Center of Northwest Ohio* in the past?  
 Yes  No

**PART 2: ACADEMIC RECORDS**

Name of High School: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Address of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Universities or colleges you've applied to or are currently enrolled with: \_\_\_\_\_  
\_\_\_\_\_

Current Grade Point Average: \_\_\_\_\_ Highest Total Score: SAT: \_\_\_\_\_ or ACT: \_\_\_\_\_

List any academic awards or honors you've received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 3: EXTRACURRICULAR ACTIVITIES**

Describe your participation in any activities, organizations, sports, groups, or community service. (Additionally, if you have a history of volunteering with and/or participating in *Epilepsy Center* events, please describe here.) Use a separate page if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 4: FINANCIAL INFORMATION**

Approximate Annual Household Income (Check one box):

- \$0-\$25,000  
  \$25,001-\$50,000  
  \$50,001-\$75,000  
  \$75,001-\$125,000  
  \$125,001-\$150,000  
 \$150,001-\$200,000  
  More than \$200,000

Number of Household Members: \_\_\_\_\_

Please describe any special circumstances the committee should consider with regard to your family’s current financial standing? \_\_\_\_\_

**List other scholarships you applied for, indicate the award amount, and the status of your application.**

Scholarship Name	Award Amt.	Awarded	Declined	Undetermined
	\$			
	\$			
	\$			
	\$			

**PART 5: TWO SHORT ESSAYS**

Write **two** brief essays (**400 words or less each**) based on the following. Please print or type on a separate page.

**Essay 1:**

Describe your struggle to overcome adversity because of your epilepsy/seizures. How has having epilepsy/seizures complicated your life? How have you persevered to get where you are today? Did you have to work harder than your classmates who didn’t have epilepsy to achieve your goals? If so, explain how.

**Essay 2:**

Discuss your plans for your future educational and professional endeavors. For example: What are your career goals? Why have you chosen this field of work? Are these goals influenced by your epilepsy? If so, please explain.

**PART 6: ENCLOSURES**

1. Submit two letters of recommendation with this application. One letter of recommendation must be from the neurologist treating your epilepsy. The second letter of recommendation can be from a teacher, academic advisor, principal, coach, employer, or cleric.
2. Attach an unofficial copy of your current transcript.
3. Attach a copy of your university or college acceptance letter(s), or confirmation of enrollment.  
If these items are unavailable, enclose a list of the addresses and telephone numbers of the admissions offices(s).
4. Statement of diagnosis from physician.

*Epilepsy Center of Northwest Ohio*  
*Epilepsy Focus Group*  
 1701 Holland Rd.  
 Maumee, OH 43537  
 ATTN: Roy Cherry

**Please return this application, post-marked by May 15, 2020 to:**

If you have any questions, please call Roy Cherry, CEO 419-867-5950 x212 or email at [rcherry@epilepsycenter.org](mailto:rcherry@epilepsycenter.org). Additional applications are available at [www.epilepsycenter.org](http://www.epilepsycenter.org).

