



Deadline: Must be post-marked by **June 15, 2023**

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 June 15, 2023 to:

If you have any questions, please call Roy Cherry, CEO 419-867-5950 x212 or email at rcherry@epilepsycenter.org. Additional applications are available at www.epilepsycenter.org.

