

**Epilepsy Association of Western and Central PA
Scholarship Program for students who have epilepsy/seizure disorder.**

The EAWCP will award nine scholarships to graduating high school seniors who have epilepsy/seizure disorder and are going on to post-secondary school. The person with the highest total scores will receive a \$1500 scholarship and the remaining scholarship recipients will receive \$1000.

Purpose:

To assist an individual who has epilepsy with their 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 2019**
- 3) **Attend school full-time in the 2019 - 2020 school year**
- 5) **Be a legal resident of Western or Central Pennsylvania**
- 6) **Must attend at least one of the EAWCP's Run/Walks in Pittsburgh, Harrisburg, Altoona 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 Association of Western and Central PA reserves the right to determine each year the number of scholarships given. This is a one-time award.

TIME LINE

October 22, 2018	Scholarship Availability Announcement
March 18, 2019	Application Deadline; all scholarships must be received by March 16, 2019
May 6, 2019	Winners Award Announcement
June/July 2019	Award Presentation at the EFWCP Family Fun Run/Walk in Pittsburgh

TO APPLY: Write or Call:

**The Epilepsy Association Western and Central PA
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 ASSOCIATION OF WESTERN AND CENTRAL PA
SCHOLARSHIP PROGRAM
2019 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

First Initial and Last Name _____

Attach a resume, if available.

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

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?		<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:

The EAWCP hosts Run/Walks in Pittsburgh and Harrisburg and participates in the Highmark Walk for a Healthy Community Run/Walks in Altoona and Erie.

The scholarship checks will be presented at the EAWCP Family Run/Walk at PNC Park in Pittsburgh. If you are not present at the Pittsburgh Run/Walk, your scholarship will be mailed to you the Monday after the Pittsburgh Run/Walk.

Special recognition of scholarship recipients will take place at Run/Walks in Altoona, Erie and Harrisburg in May, June and August, respectively.

****Not being present at 1 or more of the Run/Walks 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.

<input type="checkbox"/> Yes	*Pittsburgh Pirates Family Fun Run/Walk at PNC Park, a Saturday in June or July, 2019, 9 AM
<input type="checkbox"/> Yes	*Harrisburg Senators Family Fun Run/Walk at Metro Bank Park, a Saturday in August 2019, 9 AM
<input type="checkbox"/> Yes	Highmark Walk for a Healthy Community, Altoona, Saturday, May 18, 2019, 9AM
<input type="checkbox"/> Yes	Highmark Walk for a Healthy Community, Presque Isle State Park, Erie, Saturday, June 1, 2019, 9AM

* Dates of the Pittsburgh and Harrisburg Run/Walks were not confirmed at the time of printing of the scholarship application. Please call the EAWCP (1-800-361-7885) for further information.

If you are awarded an EAWCP scholarship, do you give permission to the Epilepsy Association of Western and Central PA to use your name and photo in all forms of media including newspapers, newsletters and website, announcing the 2019 scholarship?

yes _____ no _____

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

_____ *** First Initial and Last Name must be on the top of each page of the application

First Initial and Last Name _____

Essay: