



**EPILEPSY**  
ASSOCIATION™  
OF WESTERN AND CENTRAL PA

Fall 2019

Dear Guidance Counselors/ Financial Aid Professionals:

I am writing to tell you about the 2020 Epilepsy Association of Western and Central PA's scholarship program for students who have epilepsy/seizure disorder.

The EAWCP will award **ten** scholarships, totaling **\$11,500** year. The three applicants with the highest combined scores will receive a **\$1,500** scholarship and the remaining eight recipients will receive a **\$1,000** scholarship.

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.

**All applications must be in our office no later than April 1, 2020, no exceptions.**

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  
Adult Services Coordinator

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

The EAWCP will award ten scholarships to graduating high school seniors who have epilepsy/seizure disorder and are going on to post-secondary school. The three students 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 2020.
- 3) Attend school full-time in the 2020 - 2021 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 21, 2019	Scholarship Availability Announcement
April 1, 2020	Application Deadline; all scholarships <b>must be received in the EAWCP office by April 1, 2020</b>
May 13, 2020	Winners Award Announcement
July 2020	Award Presentation at the EAWCP Family Fun Run/Walk in Pittsburgh

**TO APPLY: Write or Call:**

**The Epilepsy Association of 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  
2020 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: <b>Pennsylvania</b>	Zip:	USA
County (not country) 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:	

First Initial and Last Name \_\_\_\_\_

**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.**

**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 \_\_\_\_\_

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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:							
Describe a typical seizure:							
# 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 Brain Surgery?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a Vagal Nerve Stimulator?			<input type="checkbox"/> Yes <input type="checkbox"/> No		RNS Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List medications you are currently taking							
Medication:		Dosage :			How often:		

**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.***

First Initial and Last Name \_\_\_\_\_

### 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. All recipients are required to attend at least **one** of the Run/Walks.

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.

For recipients who can attend, there will be a special recognition of scholarship winners at the 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.**

Check which Run/Walk you will attend if you should be awarded a scholarship; you can attend more than one.

<input type="checkbox"/> Yes	Highmark Walk for a Healthy Community, Altoona, a <i>Saturday in May 2020, 9AM</i>
<input type="checkbox"/> Yes	Highmark Walk for a Healthy Community, Presque Isle State Park, Erie, a <i>Saturday in June, 2020, 9AM</i>
<input type="checkbox"/> Yes	*Pittsburgh Pirates Family Fun Run/Walk at PNC Park, a <i>Saturday in July, 2020, 9 AM</i>
<input type="checkbox"/> Yes	*Harrisburg Senators Family Fun Run/Walk at Metro Bank Park, a <i>Saturday in August 2020, 9 AM</i>

*\* Exact dates of the 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*

First Initial and Last Name \_\_\_\_\_

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 2020 scholarship?

Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**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**

**\*\*Do not fold or staple your paperwork. Mail in an envelope 9x12 or larger envelope.**