



**EPILEPSY FOUNDATION NORTHEASTERN NEW YORK  
SCHOLARSHIP APPLICATION**

**Applicants must reside in one of the 22 counties served by EFNENY \***

1. Name:

\_\_\_\_\_

Last	First	Middle Initial
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2. Birth Date: \_\_\_\_\_

3. Parents' / Guardian Name:

\_\_\_\_\_

4. Home Address:

\_\_\_\_\_

Street	Apt. #	City	Zip
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5. County in which you reside: \_\_\_\_\_

6. Mailing Address (if different from above):

7. Phone: Daytime: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

8. Email address: \_\_\_\_\_

9. Name and address of school you are currently attending:

\_\_\_\_\_  
\_\_\_\_\_

10. Name of Principal: \_\_\_\_\_

11. Name and address of school you will be attending during the next academic year:

\_\_\_\_\_  
\_\_\_\_\_

*Note: verification of acceptance into the school or program you will be attending must be submitted.*

12. Major or field of study:

\_\_\_\_\_

13. List all special awards or honors received during school or outside school:

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14. List all extracurricular activities in school:

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15. List activities outside of school: (clubs, hobbies, volunteering, etc.):

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16. Work Experience. List employer and dates worked (attach resume if available):

Dates worked:                      Name and Address of Employer:                      Hours worked per week:

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17. References:

List three references, including at least one teacher or advisor/counselor:

*do not use relatives.* One letter of recommendation must accompany your application.

Reference Name:                      Address:                      Phone:                      How Known:

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Tell us about your seizure disorder:

18. Age of seizure onset: \_\_\_\_\_

19. Type of seizure(s) that you experience: \_\_\_\_\_

20. Frequency of seizures:

a. Per year: \_\_\_\_\_

b. Per month: \_\_\_\_\_

c. Per day: \_\_\_\_\_

21. Controlled (please check):

a. Yes \_\_\_\_\_

b. No \_\_\_\_\_

22. Date of last seizure: \_\_\_\_\_

23. Epilepsy Surgery (please check):

a. Yes \_\_\_\_\_

b. No \_\_\_\_\_

**24a. Use of Vagus Nerve Stimulator -- VNS (please check):**

- a. Yes \_\_\_\_\_  
b. No \_\_\_\_\_

**24a. Use of Responsive neurostimulation -- RNS (please check):**

- a. Yes \_\_\_\_\_  
b. No \_\_\_\_\_

**25. Medication(s) that you are presently taking:**

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**26. Essay:**

Please attach a short essay (200 word minimum) about your academic/career goals and how having epilepsy has affected or influenced these goals and your work toward achieving them. Please include your thoughts on how you would advocate for people, like yourself, living with epilepsy and/or raise awareness of the disorder.

**26. SIGNATURE:**

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Applicant

Date

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Parent (if under 18)

Date

***Signatures authorize the Epilepsy Foundation NENY to release name, photo, and essay for publication***

**ATTACHMENTS REQUIRED\*:**

- \_\_\_\_\_ Physician's verification of diagnosis of Epilepsy / Seizure Disorder  
\_\_\_\_\_ Verification of acceptance into school  
\_\_\_\_\_ Essay  
\_\_\_\_\_ Personal letter of recommendation  
\_\_\_\_\_ Recent "portrait-style" photograph

**Please return completed applications to:**

Sam Champagne, Program Coordinator  
Epilepsy Foundation of NENY  
3 Washington Square  
Albany, NY 12205

***\*Note: Incomplete applications will NOT be considered***

**DEADLINE FOR APPLICATION:  
FRIDAY MAY 5<sup>TH</sup>, 2023**

\*Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Montgomery, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington

