



**EPILEPSY FOUNDATION NORTHEASTERN NEW YORK
SCHOLARSHIP APPLICATION**

(If completing this application by hand, kindly ensure that your handwriting is clear and legible.)

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

Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer Jefferson, Lewis, Montgomery, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington
(Applicants who have previously received a college scholarship from us are not eligible to reapply)

1. Name: _____ Last Name: _____

2. Birth Date: _____

3. Parents' / Guardian Name:

4. Home Address:

Street Apt. # City Zip

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:

14. List all extracurricular activities in school:

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

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

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

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:

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:

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:

Applicant

Date

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:

Rachel Ifebuzo, Counselor and Program Coordinator

Epilepsy Foundation of NENY

3 Washington Square

Albany, NY 12205

Or

Email: rifebuzo@epilepsyneny.org

Subject Line: 2026 College Scholarship Application

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

DEADLINE FOR APPLICATION:

FRIDAY May 15th, 2026