



Deadline: Must be post-marked by June 10, 2019

SHANNON O'DANIEL MEMORIAL SCHOLARSHIP APPLICATION FORM

Administered by the Epilepsy Foundation of Kentuckiana

Vision: The recipient of the **Shannon O'Daniel Memorial 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 residing in Kentucky (excluding Boone, Campbell, Grant and Kenton counties) or Clark, Floyd, or Harrison counties in Indiana. 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 Who: _____

Are you presently taking anticonvulsant medication? Yes No

Are you currently or have you been involved with the *Epilepsy Foundation of Kentuckiana* 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: _____

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 *Foundation* 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).

Please return this application, post-marked by June 10, 2019 to:

Epilepsy Foundation of Kentuckiana
 Kosair Charities Centre
 982 Eastern Parkway
 Louisville, KY 40217
 ATTN: Beth Stivers

Information about the recipient selection process:

The **2019 Shannon O’Daniel Memorial Scholarship** recipient will be selected by a committee of at least 5 reviewers using a point system. The Epilepsy Foundation of Kentuckiana staff are **not** involved in the selection process. Applicants will be judged on various merits including: how well the applicant meets the scholarship’s vision, essay, letters of recommendation, academic merit and achievements and/or outstanding community service, and financial need.

If you have any questions, please call Beth Stivers, M.S., director of education at 502-907-1533 or toll free at 866-275-1078, x14. Additional applications are available at www.efky.org.

