PEGGY SHERRELL MEMORIAL SCHOLARSHIP
APPLICATION FORM
Administered by the Epilepsy Foundation of Kentuckiana

Vision: The recipient of the Peggy Sherrell Memorial Scholarship will be a degree- or certificate-seeking 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 degree or certificate seeking student 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: _____________________________ Date of Birth: ________
Address: ________________________________________________
City: ___________________ State: _______ Zip: _______ Telephone: _______________
E-Mail: ________________________________
Present Employer: __________________________ Position: _________________________
Are you currently being treated by a physician for epilepsy? _____ Yes _____ No
Name of physician: __________________________
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
High School Attended: __________________________________________ High School GPA: _______
Address of High School: __________________________ City: ___________ State: ______ Zip: _______
Date Graduated: _______ GED/year earned: _______ Number of College Credit Hours Earned: _______
School/College you plan to attend: __________________________________________________________
Certification/Degree pursing: ______________________________________________________________
Current Grade Point Average: ________________
List any academic awards or honors you’ve received: __________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
DEADLINE: Must be post-marked by June 22, 2020
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 regarding your family’s current financial standing?

List other scholarships you applied for, indicate the award amount, and the status of your application.

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<th>Scholarship Name</th>
<th>Award Amt.</th>
<th>Awarded</th>
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PART 4: 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 peers 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 future career goals? Why have you chosen this field of work? Why do you want to go/go back to school? Are these goals influenced by your epilepsy? If so, please explain.

PART 5: 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 most recent transcript.
3. Attach a copy of your certification program, university or college acceptance letter(s), or other 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 22, 2020 to:  
Epilepsy Foundation of Kentuckiana  
Kosair Charities Centre  
982 Eastern Parkway  
Louisville, KY 40217  
ATTN: Beth Stivers

Information about the recipient selection process:  
The **2020 Peggy Sherrell 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/or outstanding community service, and financial need.

If you have any questions, please call Beth Stivers, MS, director of education at 502-907-1533 or toll free at 866-275-1078, x14. Additional applications are available at [www.efky.org](http://www.efky.org).