

PEGGY SHERRELL MEMORIAL SCHOLARSHIP APPLICATION FORM

Administered by the Epilepsy Foundation of Kentuckiana

Vision: The recipient of the **2026 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 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 are attending or plan to attend: _____

Certification/Degree pursuing: _____

Current Grade Point Average: _____

List any academic awards or honors you have 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 regarding 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 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 May 15, 2026 to:

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

Information about the recipient selection process:

The **2026 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, executive director, at 502-907-1533 or toll free at 866-275-1078, x14. Additional applications are available at www.efky.org.

