SHANNON O’DANIEL MEMORIAL SCHOLARSHIP
APPLICATION FORM
Administered by the Epilepsy Foundation of Kentuckiana

Vision: The recipient of the 2021 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 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: _______________________________________________________________________
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 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.

____________________________________________________________________________________
____________________________________________________________________________________

Deadline: Must be post-marked by June 23, 2021
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.

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<th>Scholarship Name</th>
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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 23, 2021 to:

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

Information about the recipient selection process:

The 2021 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, 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.