



DEADLINE: Must be post-marked by **May 17, 2024**

## PEGGY SHERRELL MEMORIAL SCHOLARSHIP APPLICATION FORM

Administered by the Epilepsy Foundation of Kentuckiana

**Vision:** The recipient of the **2024 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.

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**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.

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**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 17, 2024 to:**

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

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**Information about the recipient selection process:**

The **2024 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](http://www.efky.org).

