

SHANNON O'DANIEL MEMORIAL SCHOLARSHIP APPLICATION FORM

Administered by the Epilepsy Foundation of Kentuckiana

Vision: The recipient of the **2024 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.

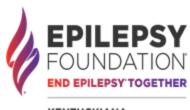
Restrictions: The applicant must be a college-bound high school senior residing in Kentucky or Clark, Floyd, or Harrison counties in Indiana. They must have epilepsy/seizure disorder, be under a physician's care, and **currently undergoing treatment and/or taking anticonvulsant medications**. Applicants must be able to demonstrate a struggle to overcome adversity because of their epilepsy/seizures.

PART 1: GENERAL INFORM	· · · · · · · · · · · · · · · · · · ·	3- 3/F-)					
Name:				Age:			
Address:							
City:	State:	Zip:	Telephone: _				
E-Mail:							
Are you currently being treated b	by a physician for epile	psy? Yes	No Who:				
Are you presently taking anticon	vulsant medication? _	Yes	No				
Are you currently or have you be	een involved with the E	pilepsy Foundatio	on of Kentuckiana				
in the past? Yes 1	No						
PART 2: ACADEMIC RECO	RDS						
		Expected Graduation Date:					
_		_					
Address of High School:							
Universities or colleges you've a	ipplied to:						
Current Grade Point Average:		lighest Total Score	e: SAT: or	r ACT:			
List any academic awards or hor							
List any academic awards of non	iois you have received.						
PART 3: EXTRACURRICUL	AR ACTIVITIES						
Describe your participation in an	y activities, organization	ons, sports, groups	s, or community serv	ice. (Additionally,			
if you have a history of volunts	eering with and/or par	ticipating in Fou	ndation events, plea	ase describe here.) Us			
ii you have a mstory or volunte							



PART 4: FINANCIAL INFORMATION

Approximate Annual Household Income (Check one box): \$\begin{align*} \\$9-\\$25,000 & \\$\\$50,001-\\$75,000 \\ \\$150,001-\\$200,000 & \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$75,001	-\$125,000	\$125,001	-\$150,000	
Number of Household Members: Please describe any special circumstances the committee sho standing	ould consider wi	th regard to y	your family's	current financial	
List other scholarships you applied for, indicate the		,			
Scholarship Name	Award Amt.	Awarded	Declined	Undetermined	
	\$				
	\$				
	\$				
	\$				
PART 5: TWO SHORT ESSAYS Write two brief essays (400 words or less each) based on the Essay 1: Describe your struggle to overcome adversity because of you complicated your life? How have you persevered to get whe classmates who didn't have epilepsy to achieve your goals? Essay 2: Discuss your plans for your future educational and profession Why have your chosen this field of work? Are these goals in	ur epilepsy/seizure you are today If so, explain ho nal endeavors. F	res. How has Poid you haw.	s having epile ve to work ha What are you	epsy/seizures arder than your ar career goals?	
 PART 6: ENCLOSURES Submit two letters of recommendation with this applicat neurologist treating your epilepsy. The second letter of reprincipal, coach, employer, or cleric. Attach an unofficial copy of your current transcript. Attach a copy of your university or college acceptance let these items are unavailable, enclose a list of the address. 	ecommendation etter(s), or confi	can be from	a teacher, aca	ademic advisor,	
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 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., executive director, at 502-907-1533 or toll free at 866-275-1078, x14. Additional applications are available at www.efky.org.

