

College Scholarship Opportunities

Epilepsy Foundation of Northeastern New York Scholarships

The Epilepsy Foundation of Northeastern New York, Inc. is offering three college scholarships to graduating high school seniors or students who will be enrolled at any post high school institution of higher learning.

The Nick Birchak Strength of Character College Scholarship and The Epilepsy Foundation of Northeastern New York Scholarship each in the amount of \$1,000. ***The Stephen Piorkowski Scholarship*** in the amount of \$500. Scholarships will be awarded to students who are currently being treated for epilepsy and have plans to further their education. In addition, students must reside in one of 22 counties served by the Epilepsy Foundation of Northeastern New York.*

The **deadline** for submitting an application is **Monday, April 19, 2021**. Students only need to submit one application to be considered for all awards. If you have any further questions or wish to receive an application, contact Lori Kidd at 518.456.7501 or via email at lkidd@epilepsyneny.org.

NYU FACES College Scholarship Program

FACES annually provides **partial** financial support for the education of incoming freshmen or currently enrolled college students affected by epilepsy and seizure disorders; award amount will vary from a minimum of \$500 and will not exceed \$5,000 per student, depending on the applicant's financial need. Info on this scholarship program can be found here: www.faces.med.nyu.edu/events-programs/college-scholarship-program

CURE – Citizens United for Research in Epilepsy

This program is a one-time scholarship (up to \$5,000) for those living with epilepsy, family members and caregivers. The scholarship is to be used toward coursework to advance personal knowledge in research, health education, advocacy and/or awareness in relation to their experiences with epilepsy. Postmark deadline for applications is **April 15, 2021**. <https://www.cureepilepsy.org/about-epilepsy/epilepsy-resources/scholarship>



**EPILEPSY FOUNDATION NORTHEASTERN NEW YORK
SCHOLARSHIP APPLICATION**

Applicants must reside in one of the 22 counties served by EFNENY *

1. Name:

Last	First	Middle Initial
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2. Birth Date: _____

3. Parents' / Guardian Name:

4. Home Address:

Street	Apt. #	City	Zip
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5. County in which you reside: _____

6. Mailing Address (if different from above):

7. Phone: Daytime: () _____ **Evening:** () _____

8. Email address: _____

9. Name and address of school you are currently attending:

10. Name of Principal: _____

11. Name and address of school you will be attending during the next academic year:

Note: verification of acceptance into the school or program you will be attending must be submitted.

12. Major or field of study:

13. List all special awards or honors received during school or outside school:

14. List all extracurricular activities in school:

15. List activities outside of school: (clubs, hobbies, volunteering, etc.):

16. Work Experience. List employer and dates worked (attach resume if available):

Dates worked: Name and Address of Employer: Hours worked per week:

17. References:

List three references, including at least one teacher or advisor/counselor: *do not use relatives*. One letter of recommendation must accompany your application.

Reference Name: Address: Phone: How Known:

Tell us about your seizure disorder:

18. Age of seizure onset: _____

19. Type of seizure(s) that you experience: _____

20. Frequency of seizures:

a. Per year: _____

b. Per month: _____

c. Per day: _____

21. Controlled (please check):

a. Yes _____

b. No _____

22.. Date of last seizure: _____

23. Epilepsy Surgery (please check):

a. Yes _____

b. No _____

24. Use of Vagus Nerve Stimulator (please check):

a. Yes _____

b. No _____

25. Medication(s) that you are presently taking:

26. Essay:

Please attach a short essay (200 word minimum) about your academic/career goals and how having epilepsy has affected or influenced these goals and your work toward achieving them. Please include your thoughts on how you would advocate for people, like yourself, living with epilepsy and/or raise awareness of the disorder.

26. SIGNATURE:

Applicant

Date

Parent (if under 18)

Date

Signatures authorize the Epilepsy Foundation NENY to release name, photo and essay for publication

ATTACHMENTS REQUIRED*:

_____ Physician's verification of diagnosis of Epilepsy / Seizure Disorder

_____ Verification of acceptance into school

_____ Essay

_____ Personal letter of recommendation

_____ Recent "portrait-style" photograph

Please return completed applications to:

**Lori Kidd
Epilepsy Foundation of NENY
3 Washington Square
Albany, NY 12205**

***Note: Incomplete applications will NOT be considered**

DEADLINE FOR APPLICATION:

MONDAY APRIL 19, 2021

***Albany, Schenectady, Rensselaer, Saratoga, Greene, Columbia, Dutchess, Ulster, Sullivan, Schoharie, Fulton, Montgomery, Warren, Washington, Hamilton, Essex, Clinton, Franklin, St. Lawrence, Jefferson, Lewis, Herkimer**