



DEADLINE: Must be post-marked by **May 15, 2012**

## PEGGY SHERRELL MEMORIAL SCHOLARSHIP APPLICATION FORM

Administered by the *Epilepsy Foundation of Kentuckiana*

**Vision:** The recipient of the **Peggy Sherrell Memorial Scholarship** will be a non-traditional adult 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 reside in Kentucky (**excluding** Boone, Campbell, Grant and Kenton counties) or Clark, Floyd, or Harrison counties in Indiana. They must have epilepsy/seizure disorder and be under a physician's care.

### PART 1: GENERAL INFORMATION (Please print or type)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

### 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 plan to attend: \_\_\_\_\_

Certification/Degree pursuing: \_\_\_\_\_

### PART 3: 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.

Scholarship Name	Award Amt.	Awarded	Declined	Undetermined
	\$			
	\$			
	\$			
	\$			

#### PART 4: SHORT ESSAYS

Write **two** brief essays (**250 words or less each**) based on the following. Please print or type on a separate page.

##### Essay 1:

Describe something of direct personal importance to you as an adult living with epilepsy. For example: How have you overcome the challenges of epilepsy, either personally, socially, or academically? What does living with epilepsy mean to you? Is there an individual who has been instrumental to your success? (If yes, describe who and how so.) Describe an achievement you are especially proud of. You may also choose your own epilepsy related topic.

##### 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?

**Please answer both essays in 500 words or less on a separate page. Must be printed or typed.**

#### PART 5: ENCLOSURES

1. Submit two letters of recommendation with this application. One letter of recommendation must be from your physician. The second letter of recommendation should be a professional recommendation (i.e. supervisor, teacher, etc.).
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, 2012 to:**

*Epilepsy Foundation of Kentuckiana*  
Kosair Charities Centre  
982 Eastern Parkway  
Louisville, KY 40217

#### Information about the recipient selection process:

The **2012 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 financial need.

If you have any questions, please call Beth Blakeley, M.S., Director of Education at 502.637.4440, x14 or toll free 866.275.1078. Additional applications are available at [www.efky.org](http://www.efky.org).

