



Deadline: Must be post-marked by May 15, 2012

# SHANNON O'DANIEL MEMORIAL SCHOLARSHIP APPLICATION FORM

Administered by the *Epilepsy Foundation of Kentucky*

**Vision:** The recipient of the **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 (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: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

Are you currently being treated by a physician for epilepsy?  Yes  No Who: \_\_\_\_\_

Are you presently taking anticonvulsant medication?  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've received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART 3: EXTRACURRICULAR ACTIVITIES

Describe your participation in any activities, organizations, sports, groups, or community service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**

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

**PART 5: TWO 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 a person 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 career goals? Why have you chosen this field of work? Are these goals influenced by your epilepsy?

**PART 6: ENCLOSURES**

1. Submit two letters of recommendation with this application. One letter of recommendation must be from your physician. 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 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 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 and achievements and/or outstanding community service and financial need.

If you have any questions, please call Beth Blakeley, M.S., Direction 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).

