

## ***SHANNON O'DANIEL MEMORIAL SCHOLARSHIP*** **APPLICATION FORM**

Administered by the *Epilepsy Foundation of Kentuckiana*

**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, 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: \_\_\_\_\_ 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

Are you currently or have you been involved with the *Epilepsy Foundation of Kentuckiana* in the past? \_\_\_\_ 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. (Additionally, if you have a history of volunteering with and/or participating in *Foundation* events, please describe here.) Use a separate page if necessary.

#### 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 (**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 classmates who didn't have epilepsy 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 career goals? Why have you chosen this field of work? Are these goals influenced by your epilepsy? If so, please explain.

#### PART 6: 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 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 June 3, 2016 to:**

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

#### Information about the recipient selection process:

The **2016 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 Stivers, 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).

