



EPILEPSY
ASSOCIATION®
OF WESTERN AND CENTRAL PA

2025 Scholarship Program Application Students Thriving with Epilepsy or Seizure Disorder

The Epilepsy Association of Western and Central PA (EAWCP) will award a minimum of 10 scholarships, totaling \$11,500 to graduating high school seniors who have epilepsy/seizure disorder and are going on to post-secondary school. The three students with the highest total scores will receive a \$1,500 scholarship and the remaining seven (7) scholarship recipients will receive a \$1,000 scholarship.

Purpose:

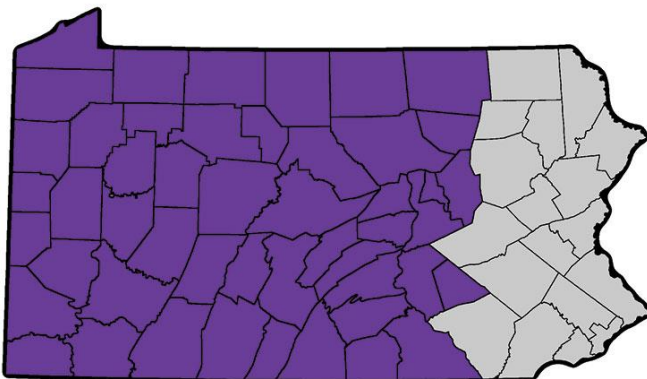
To assist an individual who has epilepsy with their academic and/or vocational training.

MINIMUM APPLICANT QUALIFICATIONS:

Applicant must:

- 1) Have a diagnosis of epilepsy/seizure disorder; this must be confirmed by a statement from the applicant's physician**
- 2) Provide proof of your intent to attend a post-secondary academic or vocational program**
- 3) Be a high school graduate of the class of 2025.**
- 4) Be enrolled full-time in your 2024 - 2025 high school senior year**
- 5) Be a legal resident of Western or Central Pennsylvania. (See map below.)**
- 6) If selected, recipients are invited to attend at least one of the EAWCP's Run/Walk Fundraising events in Pittsburgh, Harrisburg, or Erie for a scholarship check presentation.**

The EAWCP offers its nationally recognized programs and services throughout the 49 counties of western and central Pennsylvania. (See the map for county eligibility)



First Initial and Last Name _____



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TO APPLY: Write or Call:

**2025 SCHOLARSHIP PROGRAM
APPLICATION**

Attn: Jordan Hinds
1501 Reedsdale Street - Suite 3002
Pittsburgh, PA 15233
1-800-361-5885/ jhinds@eawcp.org
412-322-7885 (FAX)

NOTE: Complete the Application. Do not write answers on a separate paper. Incomplete applications will be discarded.

Do not staple or fold paper work. Use a paper/binder clip and return in a large envelope.

Note: Awards will be based on the quality of applications through a competitive scoring system that balances need with achievement. The Epilepsy Association of Western and Central PA reserves the right to determine each year the number of scholarships given. This is a one-time award.

TIME LINE

October 2024	Scholarship Availability Announcement
April 7, 2025	Application Deadline; all scholarships must be received by April 7, 2025
May 12, 2025	Winners Award Announcement
June 2025	Award Presentation at the EAWCP Family Fun Run/Walk in Pittsburgh
June 2025	Award Presentation at EAWCP Run/Walk in Erie
August 2025	Aware Presentations at EAWCP Family Run/Walk in Harrisburg

First Initial and Last Name _____

1. Contact Information

Last Name:		First Name:	
Age:		Date of Birth:	
Parent/Guardian:			
Home Address:			
City:	State: Pennsylvania	Zip:	USA
County (not country) in which you reside:			
Mailing Address (if different from above):			
City, State Zip:			
Applicant Cell Phone:			
Applicant Email:			
Parent/Guardian Phone:			
Parent Guardian Email:			

2. School Information

Name and address of school you are currently attending:	
Name and address of school you will be attending during the next academic year:	
Will you be a Full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be a Part-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of credit hours per semester/quarter:	
Major or Field of study:	

Note: verification of acceptance into the post high school program you will be attending must be submitted. Applicants must provide a high school transcript, class rank, and grade point average.

First Initial and Last Name _____

3. Awards and Activities (Use separate paper, if needed)

List all special awards or honors received during school or outside school:
1)
2)
3)
4)
5)
6)
List all school extracurricular activities:
1)
2)
3)
4)
5)
6)
List activities outside of school: (clubs, hobbies, volunteering, employment, etc.)
1)
2)
3)
4)
5)
6)

4. Work Experience

Dates Worked	Name and Address of Employer	Hours worked per week

**Attach a resume, if available.*

First Initial and Last Name _____

5. Financial Data

Number of Adults in your family:	
Number of Children in your family:	
Total family income (gross) for the previous tax year:	

Please note: a copy of the applicant's family IRS filing from the previous year must accompany this application to verify income. (First 2 pages of 1040, no additional schedules please.)

6. Scores and GPA

Class Rank:	
Grade Point Average:	
SAT Scores (optional):	

7. References

Include one letter of reference to accompany your application. (DO NOT USE RELATIVES.)

8. Information about your seizure disorder:

Age of seizure onset:						
Type(s) of seizure that you experience:						
Describe a typical seizure:						
# of seizures	Per year:		Per month:		Per day:	
Are your seizures controlled?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Last Seizure:						
Have you had Epilepsy Brain Surgery?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a Vagal Nerve Stimulator?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	RNS Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List medications you are currently taking						
Medication:	Dosage :		How often:			

9. Personal Statement:

Please attach a short typed essay (220 word minimum) about your goals and how having epilepsy has affected or influenced your life. Tell us about how epilepsy has influenced your life and what you wish people knew about epilepsy. *Be sure to include your personal experiences and how you overcame adversity.*

Scholarship Presentation:

The EAWCP hosts Family Run/Walks in Pittsburgh and Harrisburg and participates in the Highmark Walk for a Healthy Community in Erie. There will be a scholarship presentations at each of these events. All recipients are invited and should make an effort to attend at least **one** of the Run/Walks to participate in a scholarship presentation ceremony and receive recognition of their achievement.

Scholarship checks will be mailed out to scholarship recipients who are not able to attend one of the Family Run/Walk for Epilepsy events.

Check which Run/Walk event you think you will attend if you are awarded a scholarship; you can attend more than one.

<input type="checkbox"/> Yes	*Highmark Walk for a Healthy Community, Presque Isle State Park, Erie, June 2025. Exact date not yet determined.
<input type="checkbox"/> Yes	*Pittsburgh Pirates Family Fun Run/Walk at PNC Park, June 2025. Exact date not yet determined.
<input type="checkbox"/> Yes	*Harrisburg Senators Family Fun Run/Walk at Metro Bank Park, August 2025. Exact date not yet determined.

** Dates of the Highmark and Harrisburg Run/Walks were not confirmed at the time of printing the scholarship application. Harrisburg Run/Walk will be in the first weeks of August, but exact date, not yet determined. Please call the EAWCP (1-800-361-7885) for further information.*

First Initial and Last Name _____

If awarded a scholarship, do you give permission to the Epilepsy Association of Western and Central PA to use your name and photo in all forms of media including newspapers, newsletters and website, announcing the 2025 scholarship if you are a scholarship recipient?

Yes _____ No _____

Applicant Signature _____ Date _____

Parent Guardian Signature _____ Date _____

SIGNATURE:

Applicant Signature:	
Date:	

Checklist

ATTACHMENTS REQUIRED:

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

_____ Verification of acceptance into post high school education or training program

_____ School Transcripts

_____ Copy of last year’s IRS filing (*First 2 pages of 1040 only.*)

_____ Resume (*if available*)

_____ Personal Reference Letter

_____ Personal Statement

_____ ******* First Initial and Last Name must be on the top of each page of the application

****Do not fold or staple your paperwork. Mail in an envelope 9x12 or larger envelope.**

All applications must be received by Monday, April 7, 2025.