

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:

FRIDAY, MARCH 20, 2020

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