

## College Scholarship Opportunities

### **Epilepsy Foundation of Northeastern New York Scholarships**

The Epilepsy Foundation of Northeastern New York, Inc. is offering three college scholarships to graduating high school seniors or students who will be enrolled at any post high school institution of higher learning. ***The Nick Birchak Strength of Character College Scholarship and The Epilepsy Foundation of Northeastern New York Scholarship*** each in the amount of \$1,000. ***The Stephen Piorkowski Scholarship*** in the amount of \$500. Scholarships will be awarded to students who are currently being treated for epilepsy and have plans to further their education. In addition, students must reside in one of 22 counties served by the Epilepsy Foundation of Northeastern New York.\*

The **deadline** for submitting an application is **Friday, May 5, 2023**. Students only need to submit one application to be considered for all awards. If you have any further questions or wish to receive an application, contact Sam Champagne, Counselor and Program Coordinator at 518.456.7501 or via email at [schampagne@epilepsyneny.org](mailto:schampagne@epilepsyneny.org).

### **NYU FACES College Scholarship Program**

FACES annually provides **partial** financial support for the education of incoming freshmen or currently enrolled college students affected by epilepsy and seizure disorders; award amount will vary from a minimum of \$500 to \$2,500 per student, depending on the applicant's financial need. Info on this scholarship program can be found here: <https://nyulangone.org/locations/comprehensive-epilepsy-center/comprehensive-epilepsy-center-resources-for-patients-families>



**EPILEPSY FOUNDATION NORTHEASTERN NEW YORK  
SCHOLARSHIP APPLICATION**

**Applicants must reside in one of the 22 counties served by EFNENY \***

**1. Name:**

\_\_\_\_\_

<b>Last</b>	<b>First</b>	<b>Middle Initial</b>
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**2. Birth Date:** \_\_\_\_\_

**3. Parents' / Guardian Name:**

\_\_\_\_\_

**4. Home Address:**

\_\_\_\_\_

<b>Street</b>	<b>Apt. #</b>	<b>City</b>	<b>Zip</b>
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**5. County in which you reside:** \_\_\_\_\_

**6. Mailing Address (if different from above):**

**7. Phone: Daytime:** ( ) \_\_\_\_\_ **Evening:** ( ) \_\_\_\_\_

**8. Email address:** \_\_\_\_\_

**9. Name and address of school you are currently attending:**

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

**10. Name of Principal:** \_\_\_\_\_

**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:**

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**14. List all extracurricular activities in school:**

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**15. List activities outside of school: (clubs, hobbies, volunteering, etc.):**

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**16. Work Experience. List employer and dates worked (attach resume if available):**

**Dates worked:                      Name and Address of Employer:                      Hours worked per week:**

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**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:**

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**Tell us about your seizure disorder:**

**18. Age of seizure onset:** \_\_\_\_\_

**19. Type of seizure(s) that you experience:** \_\_\_\_\_

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**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 \_\_\_\_\_

**24a. Use of Vagus Nerve Stimulator -- VNS (please check):**

- a. Yes \_\_\_\_\_
- b. No \_\_\_\_\_

**24a. Use of Responsive neurostimulation -- RNS (please check):**

- a. Yes \_\_\_\_\_
- b. No \_\_\_\_\_

**25. Medication(s) that you are presently taking:**

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**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:**

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**Applicant** **Date**

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**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:**

Sam Champagne, Program Coordinator  
Epilepsy Foundation of NENY  
3 Washington Square  
Albany, NY 12205

**\*Note: Incomplete applications will NOT be considered**

**DEADLINE FOR APPLICATION:  
FRIDAY MAY 5<sup>TH</sup>, 2023**

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