

Christopher McCarthy Scholarship Fund

Request for Scholarship Application

Criteria for Eligibility and Scholarship Guidelines

The Epilepsy Foundation of Southern New York is able to provide this program through generous donations from the family and friends of Christopher McCarthy

Epilepsy Foundation of Southern New York
*Providing comprehensive program support for
persons with epilepsy.*
Christopher McCarthy Scholarship Program

Through generous gifts from the family and friends of Christopher McCarthy, the Epilepsy Foundation of Southern New York has established the *Christopher McCarthy Scholarship Program*. Christopher McCarthy, who passed away in 2001, was involved with the Foundation for 26 years. Chris was known and loved by all of us at the EFSNY and by those he worked with at the Rockland County Mental Health Center. Chris' family wants to help others with a diagnosis of epilepsy through this scholarship fund as a tribute to him.

Educational assistance funds are available for these individuals who wish to further their education, but lack adequate financial resources to meet the cost. Following are the criteria for eligibility and program guidelines.

Eligibility

- Applicants must have a diagnosis epilepsy and must present a letter from their health care provider verifying their diagnosis.
- Applicants must complete a "Request for Scholarship Application" postmarked no later than June 30, 2003.
- The fund will assist the recipient for educational costs only.
- Applicants must reside in Rockland, Dutchess, Orange, Putnam, Sullivan, Ulster or Westchester County, New York. These counties comprise areas served by The Epilepsy Foundation of Southern New York.

Program Guidelines

- The maximum amount which can be awarded per person within any one year time period is \$1,000.00.
- There is no guarantee of approval for subsequent applications or that the fund will not be depleted.

- Scholarships will only be awarded for college, university, trade school or other institutions of higher learning.

Decision Criteria:

The Chris McCarthy Review Board remains committed to evaluating applications on a case by case basis, but has established some guiding principles in order to be consistent from application to application.

1. Demonstration of financial need is the primary situation in which applicants receive a full grant.
2. Applicants who have incurred extensive medical bills are given high priority and also often receive full grants.
3. Applicants are generally not turned down if they have not tapped other resources, but this may delay the decision process. Applicants are expected to have made every effort to tap all appropriate resources.
4. Retroactive applications are reviewed carefully. The logic follows that if a person enrolled in a program, the financial burden was not an emergency.
5. Partial grants to cover necessities such as books are also available.

Funds will be given directly to the applicant only.

**EPILEPSY FOUNDATION OF SOUTHERN NEW YORK
CHRISTOPHER McCARTHY SCHOLARSHIP FUND**

REQUEST FOR SCHOLARSHIP APPLICATION

Applicant: _____
(person with epilepsy)

Address: _____

Phone: daytime _____ evening _____

Email: _____
(if applicable)

Fax: _____
(if applicable)

Expected date of enrollment: _____

Please list what resources you have contacted for educational assistance and what their responses have been:

1. _____
2. _____
3. _____

The maximum amount which can be awarded per person within any one year time period is \$1,000.00.

Have there been any recent, unusual expenses? (Please explain.)

Please tell us a little about yourself.

Briefly describe your educational needs at this time. Please include why meeting these needs will be important to your future.

I declare that the information provided on this application for financial assistance is true and complete and is provided to The Epilepsy Foundation of Southern New York for the purpose of being considered for financial assistance to enable me to attend the school of my choice. I understand that I may be required to provide evidence to verify the above information.

I agree _____/ do not agree _____ to the Epilepsy Foundation of Southern New York's use of my name and picture in announcing this Scholarship Award and related publicity concerning this program.

Signature of Applicant or Parent/Guardian Date

Where to send applications:

Applications can be faxed to 845-627-0629, Attention: Janice W. Gay

Mail application to the Epilepsy Foundation of Southern New York

Attn: Christopher McCarthy Scholarship Program

One Blue Hill Plaza – Suite 340, Box 1745

Pearl River, New York 10965

Questions about the fund should be directed to Janice W. Gay (1-800-640-0371)

**Required Attachment: Letter from health care provider
All pertinent information**

Review Board Statement:

I hereby affirm that I have reviewed this application and am in full support of this request for educational assistance.

Signature of Review Board Chairperson Date