



APPLICATION DEADLINE: May 1, 2009

SHANNON O'DANIEL MEMORIAL SCHOLARSHIP APPLICATION FORM

Administered by the *Epilepsy Foundation of Kentucky*

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 and be under a physician's care.

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

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: _____

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.

Table with 5 columns: Scholarship Name, Award Amt., Awarded, Declined, Undetermined. It contains four rows for listing scholarships.

PART 5: SHORT ESSAYS

Write two brief essays (250 words or less each) based on the following. Please print or type on a separate page.

Essay 1:

Describe something of direct personal importance to you as a person living with epilepsy. For example: How have you overcome the challenges of epilepsy, either personally, socially, or academically? What does living with epilepsy mean to you? Is there an individual who has been instrumental to your success? (If so, who and how?) Describe an achievement you are especially proud of. You may also choose your own epilepsy related topic.

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?

In addition, please discuss your plans for your future academic endeavors. Please answer in 500 words or less on a separate page. In addition, please discuss your plans for your future academic endeavors. Must be printed or typed.

PART 6: ENCLOSURES

- 1. Submit two letters of recommendation with this application. One letter of recommendation must be from your physician. 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 by May 1, 2009 to: Epilepsy Foundation of Kentuckiana, 501 East Broadway, Suite 380, Louisville, KY 40202

Information about the recipient selection process:

The 2009 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, call Beth Blakeley, Direction of Education at 502.584.8817 or toll free 866.275.1078. Additional applications are available at www.efky.org.

