



Dear Guidance Counselor,

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. We have three scholarships that provide \$1,000 each: **The Nick Birchak Strength of Character College Scholarship, Barbara Quackenbush College Scholarship and The Epilepsy Foundation of Northeastern New York Scholarship.** **The Stephen Piorkowski Scholarship** is also available, providing \$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 following documentation a student must be submitted in order to be considered.

- A completed application form (enclosed)
- A copy of the letter verifying admission to college / university
- A statement of epilepsy diagnosis from their physician
- A short essay (see application for details)
- A letter of recommendation
- A recent portrait style photograph

You will find additional details on the application form. Please share this information with students in your school that have epilepsy. The deadline for submitting an application is **Friday, May 3rd, 2024**. Students only need to submit one application to be considered for all four awards. If you have any further questions, please feel free to contact me at 518.456.7501 or via email at schampagne@epilepsyneny.org. A copy of the application can be downloaded at: <http://bit.ly/40uJuL4>

Sincerely,

A handwritten signature in black ink that reads "Sam Champagne".

Sam Champagne
Counselor and Program Coordinator

Enc.

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

Our mission is to lead the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives.



**EPILEPSY FOUNDATION NORTHEASTERN NEW YORK
SCHOLARSHIP APPLICATION**

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

1. First Name: _____ Last Name: _____

2. Birth Date: _____

3. Parents' / Guardian Name: _____

4. Home Address:

Street	Apt. #	City	Zip
--------	--------	------	-----

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:

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

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:

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:

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

Or

Email: schampagne@epilepsyneny.org

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

DEADLINE FOR APPLICATION:

FRIDAY MAY 3rd, 2024

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

