

ERIC'S CORNER "LIVING WITH EPILEPSY" SCHOLARSHIP

2024 SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIORS LIVING WITH EPILEPSY

Eric's Corner (ericscorner.org) will award one \$1,000 scholarship to a graduating high school senior who is living with epilepsy and is planning on a secondary education at a college, university or vocational school.

Purpose: To help a local graduating senior living with epilepsy continue to learn, thrive and make a positive impact on our community.

MINIMUM APPLICANT QUALIFICATIONS

Applicant must:

- 1) Have a diagnosis of epilepsy. This must be confirmed by a statement from the applicant's physician
- 2) Provide proof of your intent to attend a post-secondary academic or vocational program
- 3) Be a high school graduate of the class of 2024 with at least a 2.0 GPA
- 4) Be enrolled full-time at Amador Valley High School in the 2023-2024 school year
- 5) Be available to receive the scholarship in person and provide annual progress updates

Please complete the Application. Incomplete applications will not be accepted. Awards will be based on the quality of applications through a competitive review process that balances need with achievement. Eric's Corner reserves the right to determine each year the number of scholarships given. This is a one-time award.

TIMELINE

February 1, 2024	Scholarship application available at www.ericscorner.org/scholarship
April 15, 2024	Scholarship applications due via email or mailing address
May 15, 2024	Scholarship winner announced

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APPLICATION

1) Contact Information

Applicant Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____

Applicant Cell Phone: _____ Applicant Email: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

2) School Information

Name and Address of your High School: _____

Name and Address of the school you will be attending during the next academic year: _____

Will you be a full-time student? Yes No

Major/Field of study/Vocation: _____

Note: Verification of acceptance into the school you will be attending must be submitted. Applicant must also provide a high school transcript and grade point average.

3) Awards and Activities (Use separate paper, if needed)

List all special awards or honors received during school or outside school:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

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List all school extracurricular activities:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

List activities outside of school (clubs, hobbies, volunteering, employment, etc.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

4) Work Experience

Name and Address of Employer: _____

Type of work: _____ Hours worked per week: _____

**Attach a resume, if available.*

6) References

Include one letter of reference to accompany your application (do not use relatives).

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7) Information About Your Seizure Disorder

Age of seizure onset: _____ Type(s) of seizure that you experience: _____

Describe a typical seizure: _____

of seizures Per year: _____ Per month: _____ Per day: _____

Are your seizures controlled? Yes No

Date of last seizure: _____

Have you had Epilepsy Brain Surgery? Yes No

Do you have a Vagal Nerve Stimulator? Yes No

RNS Surgery? Yes No

List medications you are currently taking:

Medication: _____

Dosage: _____

How often: _____

8) Personal Statement

Please attach a short, typed essay (300 word minimum) about your goals. How has having epilepsy affected or influenced these goals and your work toward achieving them? Tell us about how epilepsy has influenced your life and what you wish people knew about epilepsy. Be sure to include your personal experiences and how you overcame adversity.

Signature: _____ **Date:** _____

Please email the completed application by April 15,
2024 to eric@ericscorner.org or via mail to:

Eric's Corner
4300 Black Ave #1571
Pleasanton, CA 94566
Attn: Scholarship

Be sure to include:

- Completed application
- Physician's verification of epilepsy diagnosis
- Proof of acceptance to post-secondary school
- Current high school transcript with GPA
- Personal essay
- Resume (optional)