



May 1, 2024

**Deadline:** Must be received or post-marked by

## THE IRA ROSENZWOG MEMORIAL SCHOLARSHIP APPLICATION FORM

**Vision:** Administered by the Epilepsy Foundation – Maryland. The recipient of the 2024 Ira Rosenzweig Memorial Scholarship will be a student who shows courage when dealing with epilepsy and seizures, a strong commitment to their education, and must reside in Maryland.

**Criteria:** Two scholarships will be awarded to students living with epilepsy for use towards undergraduate tuition at a 2-year college, 4-year college, or a trade/technical school in the amount up to \$4,000 per year. Students must maintain a 2.5 GPA. Semester grades must be submitted to continue to receive the award.

### PART 1: GENERAL INFORMATION (Please print or type)

Applicant name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Are you currently being treated by a physician for epilepsy? Yes ☐ No ☐ Who: \_\_\_\_\_

Are you presently taking anticonvulsant medication? Yes ☐ No ☐

How did you hear about this scholarship?

### PART 2: ACADEMIC INFORMATION

Name of High School: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Address of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of school you're interested in attending: ☐ 2-year College/University

☐ 4-year College/University

☐ Trade or Technical School

Current Grade Point Average: \_\_\_\_\_ Highest Total Score; SAT: \_\_\_\_\_ or ACT: \_\_\_\_\_

List any academic awards or honors you have received:

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



### PART 3: EXTRACURRICULAR ACTIVITIES, COMMUNITY INVOLVEMENT, OR WORK EXPERIENCE

Describe your participation in any activities, organizations, sports, groups, community service, or work experience:

---

---

---

### 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: \_\_\_\_\_

Describe any special circumstances we should consider with regard to your family's current financial standing:

---

---

Estimated tuition expenses: \_\_\_\_\_

List other scholarships you applied for, indicate the award amount, and the status of your application.

Scholarship Name	Award Amount	Awarded	Declined	Undetermined
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PART 5: ESSAYS

Please provide a **one-page essay** explaining why you should be selected for this scholarship. Please include:

- How has epilepsy affected your life?
- What do you hope to gain from your college experience?

### PART 6: ENCLOSURES

1. Submit **two letters of recommendations** with this application. One letter of recommendation must be from the neurologist treating your epilepsy. The second recommendation can be from a teacher, academic advisor, principal, coach, employer, or clergy.
2. Attach an unofficial copy of your **current transcript**.

Return application and enclosures to Kira Eyring: [keyring@efa.org](mailto:keyring@efa.org) or by mail: 2427 Southwest Road Baltimore, MD 21234

Questions: Contact Kira Eyring at [keyring@efa.org](mailto:keyring@efa.org) or 410-916-0984

**Deadline is May 1, 2024**