

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 Rosenzwoog 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: _____

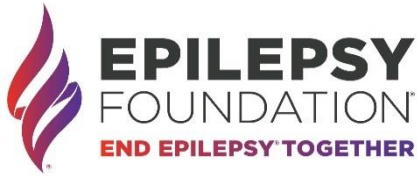
Type of school you're interested in attending: 2-year College/University

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 or by mail: 2427 Southwest Road Baltimore, MD 21234

Questions: Contact Kira Eyring at keyring@efa.org or 410-916-0984

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