



Lorna Myers PNES Scholarship Application

Thanks to the generosity of Dr. Lorna Myers who is donating the royalties of her book, PSYCHOGENIC NON-EPILEPTIC SEIZURES: A GUIDE, Epilepsy Alliance America has established a scholarship program for students with a diagnosis of psychogenic non-epileptic seizures (PNES). In 2020 the American Epilepsy Alliance will award a select number of scholarships to students with a diagnosis of PNES. Awards will be based on the quality of applications through a competitive scoring system that balances need with achievement. Epilepsy Alliance America reserves the right to determine the number of scholarships given each year. This is a one-time award.

Purpose:

To assist an individual with PNES with his or her academic and/or vocational training.

Minimum Qualifications:

Applicant must:

- have a diagnosis of PNES confirmed by a statement from the applicant's physician;
- have proof of acceptance as a full- time student to a post-secondary academic or vocational program;
- submit three letters of reference from people other than family members and a head shot photograph

Time Line:

Application due date: July 15, 2020

Awards Announcement: August 1, 2020

Please submit applications to:

Epilepsy Alliance America
Patricia A. Gibson, MSSW, DHL, ACSW
Piedmont One, Suite 5541 A
1920 West First Street
Winston-Salem, NC 27104
pgibson@wakehealth.edu

Please call 800-642-0500 with any questions.



Application Instructions

1. Please complete all sections of the application.
2. Please type a one page essay about yourself stating how the diagnosis of PNES has impacted your life. Please submit the essay along with this scholarship application.
3. Attached is a healthcare provider form. Please request your healthcare provider fill this out and return to address listed on the form.
4. Request references from three (non-family persons (guidance counselors, teachers, etc.) Please have them sent directly to:

Patricia Gibson at PP I, Suite 5541 A
1920 W. First Street
Winston-Salem, NC 27104
pgibson@wakehealth.edu

- Do not staple or fold paperwork. Use a paper/binder clip and return in a large envelope or scan and email.
- Note: Awards are on the quality of applications through a competitive scoring system that balances need with achievement. Epilepsy Alliance (EAA) reserves the right to determine each year the number of scholarships given. This is a one-time award.
- Please sign first initial and last name at the top of each page
- Please sign the verification statement

Application Checklist

- _____ Physician's verification of diagnosis of Epilepsy /Seizure Disorder requested
 - _____ Verification of acceptance into an accredited school or vocational program
 - _____ Three (3) letters of recommendation (not from family members)
 - _____ Headshot photo
 - _____ Personal Essay
 - _____ School Transcript
 - _____ Copy of last year's IRS filing (*First 2 pages of 1040 only.*)
 - _____ Resume (*if available*)
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Applicant Information

First Name:		Last Name:	
Permanent Address:			
City:		State:	
		Zip:	
Cell:		Alternate:	
e-mail(s):			
DOB:		Gender:	
How did you hear about the scholarship?			
Please list all scholarships and/or grants that you applied for and received.			
Honors and Achievements:			

High School class rank:		of:	
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High School GPA:		Scale of:		SAT Scores:	
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Institution Information

Institution or vocational school that you will be/are attending:					
Address:					
City:		State:		Zip:	
Phone:			Admissions Phone:		
Fall 2020 year in school:		Degree you are pursuing:			
Declared major, if known:		Declared minor, if applicable:			
If you are undecided about the institution you will be attending, please list all admissions applications you have made in order of preference.					

Community Involvement and Extracurricular Activities

Please list your community involvement and extracurricular activities along with any achievements and positions held.

Community Service and Advocacy

Please list community service that you have performed, as well as advocacy involvement.



Hobbies

Work Experience

I testify that the information submitted is accurate.

Applicant Signature

Name of Applicant

Parent/Guardian Signature

Name of Parent/Guardian



Consent

If you are awarded an EAA Lorna Myers PNES Scholarship, do you give permission to EAA to use your name and photo in all forms of media including newspapers, newsletters, social media, and EAA websites announcing the 2020 scholarship and promoting EAA programs and services?

Yes _____ No _____

Applicant Signature _____ Date _____

Parent Guardian Signature _____ Date _____



Lorna Myers PNES Scholarship Healthcare Provider Form

Scholarship Details:

The individual listed below is applying for the **Lorna Myers PNES Scholarship**. Epilepsy Alliance America seeks to recognize the personal achievements of those impacted by psychogenic non-epileptic seizures (PNES). The purpose of this scholarship is to provide tuition assistance to be used at a United States-based center of higher learning (trade school, college) in pursuit of certification, associates, bachelor's, master's degree, etc. a select number of scholarships will be awarded by Epilepsy Alliance America for people with PNES.

Applicant's First Name:		Applicant's Last Name:	
Permanent Address:			
City:		State:	Zip:
Cell:		Alternate:	
e-mail(s):			
DOB:		Sex:	

To be completed by the healthcare provider who is currently treating the applicant for PNES

(Please print or type)

Provider's First Name:		Provider's Last Name:	
Address:			
City:		State:	Zip:
Phone:		Fax:	
e-mail(s):			

PATIENT'S HISTORY

Please provide the date of PNES diagnosis.

Does your patient also have epilepsy, and if so, what type(s).

Current therapies for the above listed conditions: _____

Please share any comments:

I certify my patient has been diagnosed with PNES.

Signature

Date

This form must be received via e-mail or fax by July 15, 2020.

Please send to:

Patricia A. Gibson, MSSW, DHL, ACSW

Scholarship Committee Chair

Piedmont One, Suite 5541 A

1920 West First Street

Winston-Salem, NC 27104

e-mail: pgibson@wakehealth.edu

phone: 800-642-0500

fax to 336-716-6018

Please contact Patricia A. Gibson for additional information or questions.