



Lorna Myers PNES Scholarships

Managed by Epilepsy Alliance America

2024 Scholarship Application Announcement

Thanks to the generosity of Dr. Lorna Myers, Epilepsy Alliance America has a scholarship program for students with a diagnosis of psychogenic non-epileptic seizures (PNES).

In 2024, Epilepsy Alliance America will award a select number of scholarships. 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. 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 a completed application including an essay and letters of reference

Dates and Deadlines:

Application due date: April 30, 2024

Awards Announcement: by June 7, 2024

Applications should be submitted electronically via email or via mail to the Scholarship Committee Chairperson:

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

Email: pgibson@wakehealth.edu

Phone: 800-642-0500



Application Instructions

- Please complete all sections of the application.
- Please submit a one-page typed essay about yourself stating how the diagnosis of PNES has impacted your life.
- A healthcare provider form is provided. Please request your healthcare provider complete this and return as instructed on the form.
- Request references from two (non-family) persons (guidance counselors, teachers, etc.)

Please have them sent directly to:

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

- You can submit your entire application electronically via email.
- If mailing your application - please do not staple or fold paperwork. Use a paper/binder clip and return in a large envelope
- Please sign first initial and last name at the bottom of each page
- Please sign the verification statement

Application Checklist

- Healthcare Provider Form: Includes verification of diagnosis of PNES
- Verification of acceptance into an accredited school or vocational program
- Two (2) letters of recommendation (not from family members)
- Personal Essay
- School Transcript
- Copy of last year's IRS filing (*First 2 pages of 1040*) only
- Resume (if available)

Contact Information

First Name:	Last Name:		
Age:	Date of Birth:		
Parent/Guardian:			
Home Address:			
City:	State:	Zip:	USA
Mailing Address (If different from above):			
City, State Zip:			
Applicant Cell Phone:			
Applicant Email:			
Parent/Guardian Phone:			
Parent Guardian Email:			

School Information

Name and address of school you are currently attending:	
Name and address of school you will be attending during the next academic year:	
Will you be a Full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be a Part-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of credit hours per semester/quarter:	
Major or Field of study:	

Note: verification of acceptance into the school program you will be attending must be submitted. Applicants must provide a high school transcript, class rank, and grade point average.

First Initial and Last Name _____

Awards and Activities

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

List all school extracurricular activities:

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

First Initial and Last Name _____

Work Experience

****Attach a resume, if available.***

Dates Worked	Name and Address of Employer	Hours worked per week

Financial Data

Number of Adults in your family:	
Number of Children in your family:	
Total family income (gross) for the previous tax year:	

Please note: a copy of the applicant's family IRS filing from the previous year must accompany this application to verify income. (First 2 pages of 1040, no additional schedules please.)

Scores and GPA

Class Rank:	
Grade Point Average:	
SAT / ACT Scores (optional)	

Please note: a copy of your transcript should be included with your application.

References

Request two letter of reference to accompany your application. (Do not use relatives) Your reference writers can send their reference letters directly to the Scholarship Committee if they wish to do so. Or you can collect the letters and send them with your application.

First Initial and Last Name _____

Personal Statement

Please attach a one-page essay about yourself stating how the diagnosis of PNES has impacted your life. *Be sure to include your personal experiences and how you overcame adversity.*

If awarded, do you give Epilepsy Alliance America permission to use your photo and name in all forms of media including newspapers, newsletters, website, and social announcing the 2024 scholarship if you are a recipient?

Applicant Signature _____ Date _____

Parent Guardian Signature _____ Date _____

SIGNATURE:

By signing this application, you attest that everything contained in the application is true.

Applicant Signature:	
Date:	

All applications must be received by April 30, 2024.