



## 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:		Gender:	

### 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.

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

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Current therapies for the above listed conditions: \_\_\_\_\_

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Please share any comments:

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I certify my patient has been diagnosed with PNES.

Signature

Date

**This form must be received via e-mail or fax by April 30, 2024. Please send to:**

Patricia A. Gibson, MSSW, DHL, ACSW  
Scholarship Committee Chair  
Epilepsy Alliance America – Lorna Myers Scholarship  
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1920 West First Street  
Winston-Salem, NC 27104  
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Please contact Patricia A. Gibson for additional information or questions.