



Deadline: Must be sent by **May 31, 2024** and accompanied by a jpeg picture of the applicant. **Email:** srb3m@uvahealth.org

ELIZABETH HART DALTON MEMORIAL SCHOLARSHIPS APPLICATION FORM

Administered by the Epilepsy Foundation of Virginia

Vision: The recipient of the **Elizabeth Hart Dalton Scholarship** will be a student who shows courage when dealing with epilepsy and seizures, a strong commitment to their education, and perseverance in eliminating the obstacles epilepsy and seizures may present.

Restrictions: The applicant must be a degree or certificate-seeking student (graduating high school senior, first-time adult learner, or those returning to complete their degree/certificate) residing in the Commonwealth of Virginia. They must have epilepsy/seizure disorder, be under a physician's care, and **currently undergoing treatment and/or taking anticonvulsant medications**. Applicant must be able to demonstrate a struggle to overcome adversity because of their epilepsy/seizures.

PART 1: GENERAL INFORMATION (Please print or type)

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

E-Mail: _____

Are you currently being treated by a physician for epilepsy? ____ Yes ____ No

Who: _____

Are you presently taking anticonvulsant medication? ____ Yes ____ No

Are you currently or have you been involved with the *Epilepsy Foundation of Virginia* in the past?

____ Yes ____ No

PART 2: ACADEMIC RECORDS

Name of High School: _____ Expected Graduation Date: _____

Address of High School: _____

City: _____ State: _____ Zip: _____

Universities or colleges you've applied to:

Current Grade Point Average: _____ Highest Total Score: SAT: _____ or ACT: _____

List any academic awards or honors you've received:

PART 3: EXTRACURRICULAR ACTIVITIES

Describe your participation in any activities, organizations, sports, groups, or community service.

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: _____

Please describe any special circumstances the committee should consider with regard to your family's current financial standing _____

PART 5: ESSAY

Write a brief essay (**500 words or less each**) describing your struggle to overcome adversity because of your epilepsy/seizures. How has having epilepsy/seizures complicated your life? How have you persevered to get where you are today? Did you have to work harder than your classmates who didn't have epilepsy to achieve your goals? If so, explain how.

PART 6: ENCLOSURES

1. Submit two letters of recommendation with this application. These letters of recommendation can be from a doctor, teacher, academic advisor, principal, coach, employer, or cleric.
2. Attach an unofficial copy of your current transcript.
3. Attach a copy of your university or college acceptance letter(s), or confirmation of enrollment.
4. Attach a recent png or jpeg picture

If these items are unavailable, enclose a list of the addresses and telephone numbers of the admissions offices(s).

Please return this application, post-marked by April 30, 2032:

Epilepsy Foundation of Virginia
560 Ray C. Hunt Drive P.O. box 800754
Charlottesville, VA 22908
ATTN: Suzanne Bischoff
Or preferably emailed to srb3m@uvahealth.org

Information about the recipient selection process:

The **2024 Memorial Scholarship** recipients will be selected by a committee of at least 3 reviewers using a point system. Applicants will be judged on various merits including how well the applicant meets the scholarship's vision, essay, letters of recommendation, academic merit and achievements and/or outstanding community service, and financial need.

If you have any questions, please call Suzanne Bischoff, Executive Director, at 434-924-8669.