



Deadline: Must be received by May 1, 2026

## The Ira & Rosalie Rosenzweig Memorial Scholarship

### APPLICATION FORM

The Ira & Rosalie Rosenzweig Memorial Scholarship will be awarded to students who show courage when dealing with epilepsy and seizures, a strong commitment to their education and their community. **Two scholarships will be awarded in amounts up to \$4,000 per year.**

Criteria: Students must be diagnosed with epilepsy, be a resident of Maryland, and furthering their education towards associate's degree, undergraduate degree or a trade/technical school. Awardees must submit semester grades to EF Maryland and maintain a 3.0 GPA.

#### 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 ☐

Physician's Name: \_\_\_\_\_

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:

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**PART 3: EXTRACURRICULAR ACTIVITIES, COMMUNITY INVOLVEMENT, OR WORK EXPERIENCE**

Describe your participation in any activities, organizations, sports, groups, community service, or work experience:

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**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:

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List other scholarships you applied for, indicate the award amount, and the status of your application.

| Scholarship Name | Award Amount | Awarded                  | Declined                 | Undetermined             |
|------------------|--------------|--------------------------|--------------------------|--------------------------|
|                  |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                  |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                  |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PART 5: ESSAY**

Please provide a one-page essay about your experience dealing with epilepsy and your career goals. Please include:

- How has epilepsy affected your life? How have you overcome challenges of having epilepsy?
- What do you hope to gain from your college experience?

Attached your essay with your application.

## PART 6: ENCLOSURES

1. Submit two recommendation letters with this application.
  - a. One letter of recommendation from your neurologist confirming your diagnosis of epilepsy/seizure disorder
  - b. One letter of recommendation from an educator, coach, employer, or clergy, etc.
2. Attach an unofficial copy of your current transcript.

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that completing this application does not ensure approval for a scholarship. Awards are granted based on individual merit of applicants related to the scholarship requirements, availability of funds and without regard to race, color, religion, sex, gender identity, sexual orientation, age, national origin, disability, or any other protected characteristic. Final decisions are made by the scholarship selection committee. The Epilepsy Foundation reserves the right to modify or withdraw the scholarship program at any time without notice. I grant permission for the Epilepsy Foundation of Maryland to use any photos and my short essay for submission in publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to Kira Eyring: [keyring@efa.org](mailto:keyring@efa.org) by May 1, 2026

Questions: Contact Kira Eyring at [keyring@efa.org](mailto:keyring@efa.org) or 410-916-0984