



Deadline: Must be received by May 1, 2026

The Ira & Rosalie Rosenzwog Memorial Scholarship

APPLICATION FORM

The Ira & Rosalie Rosenzwog 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:

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

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

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:

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 by May 1, 2026

Questions: Contact Kira Eyring at keyring@efa.org or 410-916-0984