



**Lorna Myers PNES Scholarship
Health Care Provider Form**

*This form must be submitted via the
Epilepsy Alliance America website by April 30, 2025.*

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, bachelors, masters degree, etc.

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.

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

Current therapies for the above listed conditions:

Please share any information you think would be important as we consider this applicant:

I certify my patient has been diagnosed with PNES.

Signature

Date

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Please contact Epilepsy Alliance America at info@epilepsyallianceamerica.org if you have any questions.