



**DUE DATE**  
**Wednesday, April 30, 2025**

This form should be returned to Epilepsy Alliance America.

Please go to the form provided on this webpage to submit

<https://epilepsyallianceamerica.org/lorna-myers-pnes-scholarship-fund/>

If you have a problem, please contact Epilepsy Alliance America at

[info@epilepsyallianceamerica.org](mailto:info@epilepsyallianceamerica.org)

The individual listed below is applying for a **Lorna Myers PNES Scholarship**.

|                            |  |                           |  |
|----------------------------|--|---------------------------|--|
| Applicant's<br>First Name: |  | Applicant's<br>Last Name: |  |
|----------------------------|--|---------------------------|--|

**Reference Provided by**

|            |  |            |  |      |  |
|------------|--|------------|--|------|--|
| First Name |  | Last Name: |  |      |  |
| Address:   |  |            |  |      |  |
| City:      |  | State:     |  | Zip: |  |
| Phone:     |  |            |  |      |  |
| e-mail:    |  |            |  |      |  |

**Reference**

Please include how you know the applicant (capacity and length of time)

**Reference**

Please include anything that you believe would be helpful to the review committee.