



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

*This form must be submitted via the
Epilepsy Alliance America website by April 30, 2026.*

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

This form must be submitted via the Epilepsy Alliance America website by April 30, 2026.

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