EPILEPSY FOUNDATION MICHIGAN

DAKOTA PEQUENO MEMORIAL SCHOLARSHIP

Scholarship Amount: $1,000.00

Application Deadline: May 29, 2026

Awards Ceremony: July 2026

Eligibility:

- Must have a diagnosis of epilepsy/seizure disorder and confirmed by a letter from a physician.
- Must be a high school senior or a high school graduate between the ages of 17–25.
- Must live in Michigan. For applicants going to school out-of-state, your permanent address must be located in Michigan.
- Must provide proof of acceptance to a post-secondary academic or vocational program.
- Must submit a completed application and one letter of recommendation, preferably from an educator.
- Write a short essay regarding epilepsy.

Selection Factors:

- Strength of essay
- Strength of recommendation(s)
- How applicant has faced challenges due to epilepsy
- Community Involvement

Selection Panel:

Volunteer selection committee of 3-5 members to be determined by the Epilepsy Foundation of Michigan.

Dakota Pequeno
Memorial Scholarship

2026 APPLICATION FORM

Vision: The recipient of the Dakota Pequeno Memorial Scholarship will be a student who has shown perseverance in eliminating obstacles that epilepsy and seizures may present, courage in dealing with epilepsy/seizures, community involvement, and commitment to their education. The Dakota Pequeno Memorial Scholarship is administered by the Epilepsy Foundation of Michigan.

Date of Application: _____

GENERAL INFORMATION

(please print or type)

Name: _____ Age: _____
(Last) (First) (MI)

Address: _____
(Street Address)

_____
(City) (State) (Zip) (County)

Phone Number: (_____) _____ - _____ Date of Birth: _____

Email Address: _____

Are you currently being treated by a physician for epilepsy? { } Yes { } No

PART 1: ACADEMICS

Name of High School: _____

Expected graduation date: _____

Address of High School:

_____
(Street Address)

_____
(City) (Zip) (County)

Universities, colleges, vocational schools where you have applied and have been accepted:

List any academic or school awards that you have received:

PART 2: COMMUNITY INVOLVEMENT

Describe your participation in any activities, organizations, sports, and group or community service:

PART 3: SHORT ESSAY

Write a brief essay about your experience dealing with epilepsy and career goals. For example: How have you overcome the challenges of having epilepsy, either personally, socially, or academically? What does having epilepsy mean to you? How have your experiences inspired your desired career path? What are your future career goals? You may also choose your own epilepsy related topic. Please answer in **300 words or less** on a separate page. Must be printed or typed.

PART 4: ENCLOSURES

1. Submit one letter from your physician confirming your diagnosis of epilepsy/seizure disorder.
2. Submit **at least one** letter of recommendation. The Foundation would prefer the letter of recommendation to come from an educator, but other sources will be accepted.
3. Attach a copy of your university, college, or vocational school acceptance letter(s), or confirmation of enrollment.
4. Short essay.

PLEASE READ AND SIGN

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. I also grant permission for the Epilepsy Foundation of Michigan to use any photos and my short essay for submission in publications.

Applicants Signature: _____ Date: _____

Opportunities are provided solely on individual merit of applicants related to scholarship requirements and without regard to religion, creed, race, national origin, gender, or sexual orientation.

This application must be postmarked by ***May 29, 2026*** and mailed to:

Epilepsy Foundation of Michigan
Dakota Pequeno Memorial Scholarship
25200 Telegraph Road
Suite 110
Southfield, MI 48033

Information about the recipient selection process:
The Dakota Pequeno Memorial Scholarship recipient will be selected by a committee of 3-5 reviewers. Applicants will be judged on various merits including how well the applicant meets the scholarship's vision, essay, and letters of recommendation. Scholarship Award Announcements will be made in July. Please direct questions to Pamela Bird at 1-800-377-6226, ext. 1204 or pbird@epilepsymichigan.org.

EPILEPSY FOUNDATION®
MICHIGAN