

2010

Academic CRN Scholarship for Individuals with Cystinosis

The Cystinosis Research Network has established a scholarship fund to provide supplemental financial assistance to a student diagnosed with Cystinosis who is enrolling in a regionally accredited collegiate or vocational program, or who is currently attending a post – secondary school. The scholarship award of \$1000 is awarded contingent upon the winner's acceptance to an accredited college, university, or vocational program, or documentation of continued enrollment. The scholarship check will be payable to the educational institution to be applied toward tuition.

An application form is below. For more information, please contact: CRN at 1-866-276-3669 or info@cystinosis.org.

APPLICATION PROCEDURE:

Each applicant must submit:

1. Application form
2. Documentation/verification of Cystinosis (e.g. Letter from physician)
3. An official copy of high school transcript
4. Two letters of recommendation from current teachers/faculty members and/or counselors regarding applicant's scholastic aptitude and personal qualifications
5. An essay of 500 words discussing the applicant's personal and educational goals

JUDGING CRITERIA: The essay will be judged on the basis of rationale, grammar, and comprehension. Transcripts and letters of recommendation will be considered in the final decision with Grade Point Average (GPA), courses taken, and class standing used as part of the evaluation. The Cystinosis Research Network Board will establish an independent judging panel to evaluate and rate the applicants. The decisions of the judges are final.

Finalists may be interviewed before selections are made.

DEADLINE FOR APPLICATION: Application and all accompanying documents must be received in a single, flat package postmarked by **August 15, 2010**. FAXES OR E-MAILS WILL NOT BE ACCEPTED.

PREPARING APPLICATION PACKAGE: Each application packet must include a complete application (original or photocopied), required documentation materials and essay, on 8 1/2" X11" white paper. All application documents become the property of the evaluation committee.

MAIL APPLICATION PACKETS TO:

Dan Julian
24010 Burr Oak Lane
Athens, IL 62613

2010 CRN Academic Scholarship Application Form

- This form may be printed and photocopied
- This entire form must be completed in its entirety to qualify for the CRN Academic Scholarship
- Please print legibly

Name _____

Permanent Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone (_____) _____

Birth Date ____/____/____ **Gender** () M () F

Social Security Number _____

Name of Current School _____

Address _____

City _____ **State** _____ **Zip Code** _____

School Phone (_____) _____ **FAX** (_____) _____

Principal (if applicable) _____

Guidance Counselor (if applicable) _____

Date of High School Graduation ____/____/____

Cumulative GPA _____

Name of College/University/Vocational School you will attend for the fall of 2009

Address _____

City _____ **State** _____ **Zip** _____

School Phone (_____) _____ **FAX** (_____) _____

AGREEMENTS: *If I am selected as the Cystinosis Research Network recipient, I give permission for the Cystinosis Research Network to publicly announce my name. In doing so, I realize that I will be identified as a person with a disability.* () YES () NO

I certify that all of the information in this application process is complete and accurate to the best of my knowledge and the accompanying essay is solely my work.

Applicant Signature

Date

DEADLINE August 15, 2010