

2011

CRN Sierra Woodward Sibling Scholarship Application Form

The Cystinosis Research Network has established a scholarship fund to provide supplemental financial assistance to a student who has a sibling 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, \$1000, is awarded contingent upon the winner’s acceptance to an accredited college, university, or vocational program, or documentation of continued enrollment, and will be payable to the educational institution to be applied toward tuition.

An application form is available on the CRN website at www.cystinosis.org/scholarships. For more information or to have an application mailed to you, please contact CRN at 1-866-276-3669 or info@cystinosis.org.

APPLICATION PROCEDURE:

Each applicant must submit:

1. Application form
2. An official copy of high school transcript
3. Two letters of recommendation from current teachers/faculty members and/or counselors regarding applicant’s scholastic aptitude and personal qualifications
4. An essay of 300 to 500 words discussing the applicant’s personal and educational goals and also the pro and/or cons of how Cystinosis has affected your life

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 at the Cystinosis Research Network office postmarked by **August 15, 2011**. 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. Send all materials in a single, flat package. All application documents become the property of the evaluation committee.

MAIL APPLICATION PACKETS TO:

CRN Sibling Scholarship Committee
c/o Marybeth Krummenacker
54 Smith St
Hicksville, NY 11801

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(This form and the completed application may be photocopied)

Please Print Legibly

COMPLETION OF ALL PORTIONS OF THE APPLICATION IS NECESSARY FOR CONSIDERATION FOR THE CRN SCHOLARSHIP.

Name _____

Name of Sibling with Cystinosis _____

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 ____/____/____ Cum. GPA _____