

## DEANNA LYNN POTTS SCHOLARSHIP CRITERIA

Deanna Lynn Potts was born with Cystinosis and lived to be 27 years old. Before she died she discussed her wishes to start a scholarship fund for children with Cystinosis. We know how devastating a chronic illness can have on a family emotionally, socially, and financially. Children with Cystinosis are living longer thanks to medical science and therefore embarking on careers. These careers require education. Education is expensive; something we do not want to deprive our children of in today's world. Due to the financially draining medical costs it might prove difficult to send a child to college. Through this fund we hope to help some of these students.

### **PURPOSE:**

To provide supplemental financial assistance to an undergraduate student diagnosed with Cystinosis and enrolled in an accredited collegiate or vocational program.

### **SCHOLASHIP AWARD:**

A \$1000 Scholarship awarded annually. The award is contingent upon the winner's acceptance to an accredited college, university, or vocational program and will be payable to the educational institution to be applied to tuition, room, and board.

### **ELIGIBILITY:**

Each candidate must be a current high school senior or high school graduate, who has had to postpone higher education, and has Cystinosis.

### **APPLICATION PROCEDURE:**

Applicant must submit:

1. Documentation/verification of Cystinosis (e.g. Letter from physician)
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 500 words. We want to know a person who played a vital role in the student's life. How? And why? The essay should be typed and double-spaced

### **JUDGING CRITERIA:**

The essay will earn a possible 40 points and will be judged on the basis of rationale, grammar, and comprehension. Transcripts and letters of recommendation will carry a possible additional 20 points each. The Cystinosis Foundation Board will establish an independent judging panel to evaluate and rate applicants. Finalists may be interviewed before selections are a made.

### **DEADLINE FOR APPLICATION:**

Application and all accompanying documents must be received at the Cystinosis Foundation Office in a single, flat envelope by August 15<sup>th</sup>. **FAXES OR EMAILS WILL NOT BE ACCEPTED**, and applications received after this date, regardless of postmark, will be disqualified.

**PREPARING APPLICATION PACKAGE:**

Each application packet must include a completed application (original or photocopied), required documentation materials and essays, on 8 1/2" X 11" white paper. Send all materials in a single flat package. All application documents become the property of the evaluation committee.

**MAIL APPLICATION TO:**

Cystinosis Foundation Scholarship Committee  
58 Miramonte Drive  
Moraga, CA 94556

**Deanna Lynn Potts Scholarship**

Application Form (This form and the completed application may be photocopied)

Please Print Legibly or Type

**FAILURE TO COMPLETE ALL RELEVANT PORTIONS OF THE APPLICATION  
WILL RESULT IN DISQUALIFICATION.**

Name \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Mobile\_(\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender (\_\_\_\_)M (\_\_\_\_)F

Social SecurityNo. \_\_\_\_\_

Name of Current High School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip

Code \_\_\_\_\_

School Phone (\_\_\_\_\_) \_\_\_\_\_

Fax(\_\_\_\_\_) \_\_\_\_\_

Principal \_\_\_\_\_

GuidanceCounselor \_\_\_\_\_

Date of High School Graduation \_\_\_\_\_

Cum. GPA \_\_\_\_\_

Name of College/University/Vocational School you will attend in the fall:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Email \_\_\_\_\_

**AGREEMENTS:**

If I am selected as the Deanna Lynn Potts Scholarship recipient, I give permission for the Cystinosis Foundation 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 this application process is complete and accurate to the best of my knowledge and the accompanying essay is solely my work.

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(Applicant Signature) Date