

SCHOLARSHIP PROGRAM OVERVIEW

PURPOSE

To offer financial support to students whose lives have been affected by rheumatoid disease, as they advance their education.

ELIGIBILITY REQUIREMENTS

- Individual applying to a post-secondary/vocational institution or already enrolled at a college or vocational school in the United States
- Student has a confirmed diagnosis of RA or JRA, or has a parent with such a diagnosis

SCHOLARSHIP APPLICATION AND SUBMISSION

- **Complete Scholarship Application**
- **Essay Response:** The following essay questions must be answered in the form of a written paper (800 to 1200 words, typed – saved as a Microsoft Word or PDF file). Please include answers to ALL of the essay questions below.
 - How has rheumatoid disease impacted your life?
 - What have you learned from your experiences with rheumatoid disease?
 - How will you apply these life lessons in your educational and vocational pursuits?
- **Submit** your application and essay response electronically by emailing it to: dana@rheum4us.org
- All submissions must be received by **May 31, 2017**. No exceptions.

JUDGING

- Judging will be done by volunteers from the Rheumatoid Patient Foundation
- Scoring will be divided equally among the following categories: Spelling/Grammar, Writing Quality/Organization of Content, Completeness and Thoughtfulness of Responses, and Overall Impactfulness.
- It is recognized that there may be many excellent papers submitted for a limited number of scholarships. Four winners will be chosen from among the eligible entries. Judges' decisions are final.

AWARDS

- Four \$1000 scholarships will be awarded, which can be used to offset costs at the college, university, or trade school of the recipient's choosing.
- Scholarship funding comes from corporate sponsorships or grants. This year's scholarship program is sponsored by Crescendo Bioscience. Learn more at crescendobio.com.



2017 Scholarship Program

2017 SCHOLARSHIP APPLICATION – DEADLINE: MAY 31, 2017

Please complete all sections of this application. Sign and date completed application and send as a PDF, along with completed essay response to dana@rheum4us.org. Applications must be received by May 31, 2017.

APPLICANT INFORMATION

Name:

Date of Birth:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

Trade School or College Currently Enrolled or Accepted to:

Name of Person with RA/JRA:

Relationship to Applicant:

How did you hear about this scholarship?

If Applicant is under 18 years of age:

Name of Parent/Guardian:

Phone Number:

STATEMENT OF ACCURACY

I hereby affirm the following:

1. That the above stated information provided by me is true and correct to the best of my knowledge.
2. The paper submitted is my own work.
3. I consent that my picture may be taken and used for promotion of the Rheumatoid Patient Foundation Scholarship Program if I receive an award.
4. I understand that if chosen as a scholarship winner, I must provide evidence of enrollment at an accredited college, university, or trade school before my scholarship funds can be awarded.

Applicant

Signature: _____ Date: _____

Send Scholarship Submissions and Questions to: Dana Symons - dana@rheum4us.org