

2019 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

- Applicant must be 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/JIA, 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 Google Docs file). Please include answers to ALL of the essay questions below.
 - How has RA affected your daily life?
 - How can you and all of us improve the lives of those living with RA?
 - How do you plan to use your scholarship funds if they are awarded to you?
- **Submit** your application and essay response electronically by emailing it to: scholarships@rheum4us.org

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. A minimum of five winners will be chosen from among the eligible entries. Judges' decisions are final.

AWARDS

- A minimum of five \$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 Myriad Autoimmune, makers of the molecular blood test, Vectra. Learn more at vectrada.com.



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2019 SCHOLARSHIP APPLICATION – DEADLINE: JUNE 30, 2019

Please complete all sections of this application. Sign and date completed application and send as a PDF, Word document or jpeg file, along with completed essay response to scholarships@rheum4us.org. Applications must be received by June 30, 2019.

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:

That the above stated information provided by me is true and correct to the best of my knowledge. The paper submitted is my own work.

1. I consent that my picture may be taken and used for promotion of the Rheumatoid Patient Foundation Scholarship Program if I receive an award.
2. 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: _____