

# 2018 CRN Sierra Woodward Sibling Scholarship Instructions

Cystinosis Research Network (CRN) 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 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. Please see the application form on the following page. For more information, please contact CRN at [1-866-276-3669](tel:1-866-276-3669) or [info@cystinosis.org](mailto:info@cystinosis.org).

## APPLICATION PROCEEDURE:

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 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 CRN Board will establish an independent judging panel to evaluate and rate the applicants. Finalists may be interviewed before selections are made. The decisions of the judges are final.

**DEADLINE FOR APPLICATION:** All documents must be received at the Cystinosis Research Network office postmarked by August 15, 2018. FAXES OR E-MAILS WILL NOT BE ACCEPTED.

**PREPARING THE APPLICATION PACKAGE:** Each application packet must include a completed application, required documentation materials, and essay on 8.5x11 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  
Terri Schleuder  
40472 Franklin Mill St.  
Novi, MI 48375

# 2018 CRN Sierra Woodward Sibling Scholarship Application Form

*(This form and the completed application may be photocopied)*

Please print legibly

COMPLETION OF ALL PORTIONS OF THE APPLICATION IS NECESSARY FOR CONSIDERATION

Name: \_\_\_\_\_

Name of Sibling with Cystinosis: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ( ) M ( ) F

Social Security Number: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Address: \_\_\_\_\_

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

School Phone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

Principal (if applicable): \_\_\_\_\_

Guidance Counselor (if applicable): \_\_\_\_\_

Date of High School Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cum. GPA \_\_\_\_\_