Deanna Lynn Potts Scholarship

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 be on a family emotionally, physically, 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, yet something we do not want to deprive our children of in our world today. 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 those students.

**PURPOSE:** To provide supplemental financial assistance to an undergraduate student diagnosed with Cystinosis enrolled in an accredited collegiate or vocational program

**SCHOLARSHIP AWARD:** A $1000 scholarship awarded annually. The award is contingent upon the winners acceptance to an accredited college, university, or vocational program and will be payable to the education 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:**

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 has played a vital role in student's life. How? Why? The essay should be typewritten and double spaced
5. The deadline for receiving applications is August 1st of each year.

**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 will establish an independent judging panel to evaluate and rate the applicants. The decision of the judges is final. Finalists may be interviewed before selection is made.
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 or they may be submitted online at our website https://www.cystinosis.org/support-resources/scholarship/. All application documents become the property of the evaluation committee.

DEADLINE FOR APPLICATION: Application and all accompanying documents must be received at the Cystinosis Research Network in a single, flat package by August 1st of each year.

MAIL APPLICATION PACKETS TO:

CRN Individual Scholarship

Gail Potts

990 Bluffview Drive

Myrtle Beach, SC 29579

843-903-1850
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_________ Zip code__________________________________

Home Phone(___)_______________ Cell ( ___)_______________Email_____________________________

Birth Date________________________ Gender(___) M (___) F

Social Security No.________________________________________

Name of Current High School____________________________________________________________

Address_______________________________________________________________________________

City___________________________ State_________ Zip Code___________________________________

School Phone (______)________________Fax(______)_________________________________________

Principal_______________________________________________________________________________

Guidance Counselor_____________________________________________________________________

Date of High School Graduation_____________________ Cum. GPA_______________________________

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

Address_______________________________________________________________________________

City____________________________ State__________ Zip Code________________________________

Email_________________________________________________________________________________

AGREEMENTS: If I am selected as the Deanna Lynn Potts Scholarship recipient, I give permission for the Cystinosis Research Network 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.

________________________________________________________________________________________

(Applicant Signature)          Date