



MPS and Related Diseases Continuing Education Scholarship 2008 Program Guidelines

Continuing Education Scholarship Program Guidelines (CESP) Application for Students in High School

The National MPS Society is very supportive of continuing education for individuals affected with MPS or related diseases, their children and their siblings. Many of these individuals pursue a career in nursing, special education, advocacy, medical research or other similar careers because of their personal family experiences. We recognize the challenges these individuals and their families experience and would like to encourage them to continue with their education in their selected field by providing a \$1,000 continuing education scholarship to selected applicants. The following information outlines the scholarship program.

Restricted Sibling Scholarship Program

The National MPS Society received an education grant from the Angel's Hands Foundation for 2008. This money is restricted for education scholarships to siblings (brothers or sisters) of individuals with MPS or related diseases who meet the eligibility criteria for the regular scholarship program listed below *and* pursue studies in the following fields.

Medical Programs: medical education (physicians), nursing, physical therapy, occupational therapy, speech therapy, and other medical related fields.

Education Programs: special education, social work, and other education specialists that work with special needs children.

In addition, these funds may be used by the above individuals to attend graduate school. If you are interested in applying for this scholarship, please indicate so in the space provided on the application. Note that applicants are also required to make reference to their area of study in the application essay.

Applicants who apply for the restricted scholarship but who are *not* granted a restricted scholarship will be considered with the group of applicants applying for the regular education scholarships.

Regular Scholarship Program

Eligibility Criteria:

- Member in good standing of the National MPS Society (membership may be included with Parent or Legal Guardian if applicant is a dependant)
- Membership in the National MPS Society must be maintained for at least six months prior to the date of application.
- U.S. Resident

- Individual affected with MPS or related disease with a high school diploma or its equivalent or who is a graduating senior.
- Child of an individual affected with MPS or related disease with a high school diploma or its equivalent or who is a graduating senior.
- Sibling of an individual affected with MPS or related disease with a high school diploma or its equivalent or who is a graduating senior.
- Applicant must provide a letter with the application stating why he/she is applying for the *Continuing Education Scholarship*, the intended course of study and how they will benefit.
- Copy of acceptance letter to the educational program is required to receive the scholarship payment.

For questions or assistance completing the application, please contact Laurie Turner, Program Director at 207.843.7040 or at Laurie@mpsociety.org.

Process:

- 1) Only eligible applicants will be considered for funding.
- 2) Strictest confidentiality regarding application, names and funding will be maintained by the applicant and the Society. By making application, the applicant agrees to allow the Society to publicize the scholarship applicant's name and general information, such as hometown, extracurricular activities, institution attending, career goals and aspirations, and relationship to MPS, if selected for funding.
- 3) Scholarships are awarded one time each year.
- 4) Applications must be postmarked by **March 15th**. Applications postmarked after the deadline will not be considered for funding. Please make every effort to provide all required documentation by the March 15th deadline. There will be a 20-day grace period for the receipt of the personal letter of reference only. If the letter of reference is postmarked after April 4, that application will not be considered for funding.
- 5) All required documentation (*the application, personal references, letter of recommendation and essay*) must be received prior to the application being reviewed.
- 6) Scholarship recipients in a prior year may reapply for a scholarship by resubmitting the scholarship application and by maintaining a 2.5 or higher GPA. Each year's funding, however, is considered individually and should not be assumed to be awarded.
- 7) A letter written in your own words (200 words or less) must accompany the application stating why you want to be a recipient of the *National MPS Society, Continuing Education Scholarship*, the course of study or major field of interest you plan to follow, your proposed occupation or profession and why you have selected that occupation or profession. You are strictly limited to 200 words for your essay. Words over the 200 count limit will be deleted from the essay that will be read by the review committee.
- 8) The Society will issue a letter to the applicant indicating a funding decision on or before May 15th.
- 9) Funding will be paid directly to the attending school. Scholarship recipient must provide the Society with an acceptance letter and the name and address of the office where the scholarship is to be sent.

Application Review

- 1) All required documentation (the application, personal references, letter of recommendation and essay) must accompany the CESP application before the application can be reviewed.
- 2) All applications for funds will be reviewed by the Family Assistance Committee. The Committee's decision will be on a majority vote basis with each member holding a vote.
- 3) A check will be written to the qualified school referencing the selected applicant's name.

- 4) The Family Assistance Committee's interpretation of the regulations outlining the CESP and any decisions, including appeals, made by the Committee are binding. The applicant has the right to appeal the Committee's final decision. Appeals can be made to the Board of Directors in writing, and must be made within 60 days. The appeal will be reviewed at the next Board meeting.

National MPS Society
Family Support Program

**Continuing Education Scholarship Application for
Individuals Affected with MPS or Related Diseases and
Children or Siblings of Affected Individuals
(Students in High School)**

\$1,000 Scholarship

(All information will be kept in the strictest confidence. Please print or type.)

Date: _____

I am also applying for the Restricted Sibling Scholarship Program: ___ Yes ___ No

Name of Applicant: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ E-mail: _____

Are you a Member of the National MPS Society? **Yes** or **No**

Name(s) of individual(s) affected with MPS/Related Disease: _____

Diagnosis: _____ Relationship to this individual: _____

Names of Father, Mother or Legal Guardian *fill in appropriate name(s)*

Father: _____ Member of the National MPS Society? **Yes** or **No**

Address: _____

City: _____ State: _____ Zip code _____

Mother: _____ Member of the National MPS Society? **Yes** or **No**

Address: _____

City: _____ State: _____ Zip code _____

Legal Guardian: _____ Member of the National MPS Society? **Yes** or **No**

Address: _____

City: _____ State: _____ Zip code _____

School Attendance

High School(s):

Dates:

Cumulative GPA thru 7 semesters: _____

List any academic honors, awards, etc.:

List any extra-curricular activities:

Have you applied for any other scholarship awards? **Yes** or **No** If so, please list them below and indicate whether you have received notice that you will be receiving said scholarship award(s). List from whom and what dollar amounts you will be receiving. _____

What college, university, trade or professional school do you plan to attend? _____

Briefly state your reasons for continuing your education and indicate the nature of your ultimate career goals and aspirations. _____

Of all the things you have accomplished, either in or out of school, what has given you the greatest personal satisfaction? _____

Employment History (*list any jobs, indicating dates, full or part-time*):

Personal References: (*please contact these individuals for permission to use them as references*)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

On a separate piece of paper please describe in your own words (200 words or less) why you want to be a recipient of the *National MPS Society, Continuing Education Scholarship Program*, the course of study or major field of interest you plan to follow, your proposed occupation or profession and why you have selected that occupation or profession. If you are applying for the restricted scholarship program, please indicate that your area of study is Medical or Education.* You are strictly limited to 200 words for your essay. **Words over the 200 count limit will be deleted from the essay that will be read by the review committee.**

**Medical Programs*: doctors, nursing, physical therapy, occupational therapy, speech therapy and other medical related field

**Education Programs*: special education, social work, and other education specialists that work with special needs children.

A letter of recommendation is also required from one of your high school teachers. Please use the *Letter of Recommendation* form provided, and make sure all the appropriate parts of this form are completed by you. Your Evaluator will need to submit the *Letter of Recommendation* directly to the National MPS Society as indicated by the instructions on the form.

As an applicant for the *National MPS Society, Continuing Education Scholarship Award*, I hereby certify that the information contained in this application is accurate and up-to-date. I further certify that I have read the Scholarship Application Guidelines and I understand that in order to be considered for the award I must abide by these guidelines.

Signature of Applicant _____ Date _____

I/We hereby certify that the confidential information contained in the application form is complete, accurate and up-to-date.

Signature of High School Counselor: _____ Date _____

Signature of Parent or Guardian: _____ Date _____

Please mail your application to: **Continuing Education Scholarship Program
National MPS Society
4220 NC Highway 55, Suite 140
Durham , NC 27713**

Applications must be postmarked by March 15th. You will be notified on or before May 15th with the funding decision.

For questions or assistance completing the application, please contact Laurie Turner at 207.843.7040 or at Laurie@mpssociety.org.

National MPS Society
4220 NC Highway 55, Suite 140
Durham, NC 27713
Laurie@mpssociety.org
www.mpssociety.org

**Continuing Education Scholarship Program for
Individuals affected with MPS or Related Diseases and
Children or Siblings of affected Individuals
(Students in High School)**

Letter of Recommendation

This document should be postmarked by March 15th.

Applicant, please complete the following:

After you have filled in the lines below and completed the Waiver of Access, please give this form to the person you have chosen to evaluate you. (please print)

Name of Applicant: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

.....
Waiver of Access

I have requested that this evaluation be submitted for use in the *National MPS Society, Continuing Education Scholarship Program*. In accordance with the Family Educational Rights and Privacy Act of 1974 (please initial one):

_____ I waive access to this report which shall therefore be considered confidential.

_____ I do not waive access to this report.

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____
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Note to Evaluator: If the applicant has agreed to this Waiver of Access, we will preserve the strict confidentiality of this document and it will be made available to the Family Assistance Committee, who will review all CESP applications for the National MPS Society.

If the applicant has not agreed, this report will be made available to the applicant on request.

Please complete and return this form to: **Continuing Education Scholarship Program**
National MPS Society
4220 NC Highway 55, Suite 140
Durham, NC 27713

This form should be completed and postmarked by **March 15th**. The information which you supply concerning this applicant's personality and motivation is very important in the final evaluation. No applicant will be considered without this information. Please provide your evaluation on a separate sheet, if necessary; however, please address each question below.

1. How long have you known the applicant? _____
2. Under what circumstances have you known this applicant? _____

3. If you taught this applicant in a course, what was the grade received in this course? _____

4. What are the applicant's greatest strengths and assets? _____

5. Please rate the applicant on each of the following characteristics (as compared with his/her peers) by checking the appropriate column:

Characteristics	Below Average	Average	Above Average	Superior	Unknown to me
Leadership					
Reliability					
Social Maturity					
Enthusiasm					
Judgment					
Adaptability					
Commitment					
Independence					
Honesty					
Motivation					
Sensitivity					

Please summarize your primary reasons for recommending the applicant for the *National MPS Society, Continuing Education Scholarship Program* (merit, need, etc.) _____

(please print)
 Name of Evaluator: _____ Occupation or Title: _____
 Address: _____ City: _____ State: ____ Zip code: _____
 Phone number: _____ E-mail: _____
 Signature of Evaluator: _____ Date: _____

(Note: An evaluation will not be considered complete without the evaluator's signature)