



## **MPS and Related Diseases Continuing Education Scholarship 2008 Program Guidelines**

### **Continuing Education Scholarship Program Guidelines (CESP) Application for Parents and Spouses of Individuals with MPS and Related Diseases**

The National MPS Society is very supportive of continuing education for parents and spouses of individuals affected with MPS or related diseases. We recognize the challenges these individuals and their families experience and would like to encourage them to continue with their education by providing \$1,000 continuing education funding to selected applicants. The following information outlines the scholarship program.

#### **Restricted Parent and Spouse 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 parents and spouses 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 in the National MPS Society must be maintained for at least six months prior to the date of application.
- U.S. Resident.
- Legal parent of an individual affected with MPS or related disease pursuing continued education at a college, university, or a professional or trade school.
- Husband or wife of an individual affected with MPS or related disease pursuing continued education at a college, university, or a professional or trade school.
- 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 letter of acceptance from the college, university or school is required to receive the scholarship payment or copy of official transcript required for applicants currently enrolled in continuing education program. If currently enrolled in a continuing education program, a GPA of 2.5 or higher is required.

***For questions or assistance completing the application, please contact Laurie Turner, Program Director, at 207.843.7040 or at Laurie@mpssociety.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, institution attending, 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 and transcript (if currently enrolled in a program) only. If the letter of reference and/or the official transcript is postmarked after April 4, that application will not be considered for funding.
- 5) All required documentation (*the application, personal reference, letter of recommendation and essay, and official transcript if currently enrolled in a program*) must accompany the CESP application form prior to the application being reviewed.
- 6) Previous scholarship recipients may reapply for a scholarship by submitting 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 how this will affect your personal growth and the future of your family. 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, and official transcript if currently enrolled in a program) 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 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**  
**Parents and Spouses of Individuals with MPS and Related Diseases**

***\$1,000 Scholarship***

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

Date: \_\_\_\_\_

I am also applying for the Restricted Parent/Spouse 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: \_\_\_\_\_

I am currently enrolled in a continuing education program. **Yes** or **No** (*If yes, please include an official transcript with your application. A GPA of 2.5 or higher is required.*)

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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 a professional. This can be a class instructor or professor, religious leader or medical professional. 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

\_\_\_\_\_

\_\_\_\_\_

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 15<sup>th</sup>. You will be notified on or before May 15<sup>th</sup> 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  
Parents and Spouses of Individuals with MPS and Related Diseases**

**Letter of Recommendation**

*This document should be e postmarked by **March 15<sup>th</sup>**.*

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: \_\_\_\_\_

.....  
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 15<sup>th</sup>**. 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 the 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
<b>Leadership</b>					
<b>Reliability</b>					
<b>Social Awareness</b>					
<b>Enthusiasm</b>					
<b>Judgment</b>					
<b>Adaptability</b>					
<b>Commitment</b>					
<b>Independence</b>					
<b>Honesty</b>					
<b>Motivation</b>					
<b>Sensitivity</b>					

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)*