

2017 Marianjoy Scholarship Program For Students with Disabilities

Marianjoy Rehabilitation Hospital

part of
M Northwestern
Medicine

SUBMISSION DEADLINE

Scholarship application and all original documents must be received by 4:30 p.m. on March 31, 2017. Send completed application packet to:

Marianjoy Scholarship Program
Attn: Krystal LaMantia
26w171 Roosevelt Road
Wheaton, Illinois 60187

1) APPLICANT DATA

Last Name First Middle Initial

Permanent Home Residence (Street Address)

City County State ZIP Code

Daytime Telephone

Date of Birth Social Security Number

E-mail Address

Parent/Guardian Data (If Applicable)

Last Name First

Street Address

City County State ZIP Code

Daytime Telephone

E-mail Address

High School Data

School Name Telephone

Post-Secondary School Data Full name of post-secondary school you are attending or planning to attend.

Name City State

Year in post-secondary program fall of this year: 1 2 3 4

2) PERSONAL PROFILE

Applicants must submit a personal profile of one to two pages. This essay should include detailed information about your disability, the impact it has on your life, your family, and your education. Please address your financial need, your educational goals, career plans, extra-curricular activities at school or within the community, and any awards or honors you have received. This is your opportunity to present yourself to the scholarship selection committee.

3) TRANSCRIPT INFORMATION

You must have an **official sealed transcript** from the school which you most recently attended.

4) LETTERS OF RECOMMENDATION

Include two letters of recommendation from a teacher, counselor, minister, employer, or other person qualified to inform us about you.

5) CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide documentation for information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application and its attachments become the property of Marianjoy Rehabilitation Hospital.

Applicant's Signature

Date

**For more information, call 630.909.7522
or visit www.Marianjoy.org**

Am I Eligible?

Applicants who are eligible to apply to the *Marianjoy Scholarship Program* include the following:

- Individuals with a permanent physical disability which may have resulted from:
 - Brain Injury
 - Musculoskeletal Impairments such as Amputation or Multiple Trauma
 - Neuromuscular Disorders such as Multiple Sclerosis, Cerebral Palsy and Guillain-Barre Syndrome
 - Spinal Cord Injury
 - Stroke
- A permanent resident in one of the following Illinois counties:
 - Cook
 - DuPage
 - Kendall
 - McHenry
 - DeKalb
 - Kane
 - Lake
 - Will
- Former Marianjoy patients are eligible regardless of residence.
- High school seniors or graduates (diploma or GED certificate), college undergraduates.
- Students who are enrolled or are planning to enroll in a half-time or full-time course study at an accredited two-year or four-year college, university, or vocational-technical school.

Marianjoy employees and their dependent children, as well as donors to the *Marianjoy Scholarship Program* and their family members, are ineligible to apply.

How Do I Apply?

To apply to the Marianjoy Scholarship Program, applicants must provide the following information:

- Complete the application and mail to the address shown on the form.
- Submit a written, personal profile indicating the nature of your disability, as well as career goals and aspirations. Clearly describe any financial needs, as well as any pertinent personal/family circumstances.
- Have your school send original transcripts to the address shown on the form.
- Include two letters of recommendation from a counselor, instructor, employer, minister, physician, therapist or other qualified individual.

How are Recipients Selected?

Scholarship recipients are selected on the basis of:

- Academic record as indicated on school transcript, activities, and additional information provided by applicant.
- Financial need and family circumstance
- Impact of disability in educational process
- Educational and career goals expressed in personal profile
- Leadership and participation roles in the school or community
- Two letters of recommendation
- Overall assessment of candidate's presentation

What Are My Obligations?

Marianjoy Scholarship recipients are required to supply the scholarship administrator with current transcripts and promptly notifying the administrator of any changes of address, school enrollment, or other relevant information.

Scholars are asked to update the scholarship administrator on successes and achievements.

Scholarship recipients acknowledge that Marianjoy Rehabilitation Hospital and its Foundation may release their name, photo, and personal information to others in order to promote the *Marianjoy Scholarship Program* to the media and donors.

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Send your completed application form, personal profile, and letters of recommendation to:

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