### 2009 CHAPTER SCHOLARSHIP APPLICATION
### National Multiple Sclerosis Society
### New Jersey Metro Chapter

**The Chapter Scholarship program has been established to assist students who are affected by multiple sclerosis, either by having MS themselves or having a parent with MS.**

## Eligibility Requirements:

- Have a parent with MS <u>or</u> be a student with MS
- The parent with MS or student with MS must live within the Chapter's service area: Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union and Warren Counties.
- Submit the person with MS's proof of residency (i.e. utility bill) and the first page of their most recent 1040 income tax return form
- Full-time student engaged in undergraduate programs, or post high school studies in the Fall of 2009
- Compose a 1 to 2 page essay as per question on the application

Recipients of an award are <u>required</u> to submit proof of full-time registration for the Fall 2009 semester, before funds can be administered.

## Selection Procedures:

Funding requests are approved according to our available funds as well as your financial needs and special circumstances. This program is not targeted to low-income families only, although those families with limited resources will be given first priority.

## Application:

Applications will be available starting January 2, 2009. All applications must be thoroughly completed and postmarked **no later** than April 13, 2009. Applications that are incomplete or lacking documentation will not be considered.

For any questions, contact Patti at the Chapter office at 201-967-5599 or 800-FIGHT-MS, extension 206, or via e-mail: patti.pasquino@nmss.org

### The application must be submitted to the chapter office at:

### National Multiple Sclerosis Society
### Greater North Jersey Chapter
### 1 Kalisa Way, Suite 205
### Paramus, NJ 07652-3550
### Attention: Patti Pasquino

**Please Note:** This is the Chapter Scholarship Program, which is separate from the National Scholarship Program.

Information about Applicant:

Name: _____

Address: _____

City: _____ State:_____ Zip:_____

County: _____ E-mail: _____

Telephone: (daytime) _____

Date of Birth: _____

Name & Information of Parent with MS: Include the 1040 form, and proof of residency with application, i.e. copy of utility bill.
(Please just write "Self" if applicant has MS)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (daytime) _____

E-mail: _____

Relationship to applicant: _____

1. What level of post-secondary education will you be at in Fall 2009?

   Check one: Freshman_____     Sophomore_____     Junior_____

   Senior_____     Other_____

2. Secondary school last attended (Name and Town):

   _____

3. Please state the name and address of the educational institution(s) you
   will be attending or have applied to for the Fall of 2009:

   _____
   _____
   _____

4. Please note any changes in your income from the most recent 1040 you are
      submitting.

   _____
   _____
   _____
   _____

5. How many persons live in your household? _____

6. How many persons in the household will be attending post-secondary education next fall, including yourself? _____

7. If you receive this scholarship, what would the money be used for?
   Tuition \_\_\_\_\_      Books \_\_\_\_\_      Room/Board \_\_\_\_\_      Other \_\_\_\_\_

8. How do you plan to finance your education? _____

_____

_____

9. What other, if any, financial assistance have you or your family received from the Chapter this past year? _____

_____

10. Did you also apply for the Scholarship Program through the National MS Society office? _____ (that deadline is January 15, 2009)

## ESSAY:

Write an essay responding to the following question. The essay is intended to let us know more about you and why you would be a good candidate for the Chapter Scholarship. Please limit your response to two pages.

**Please tell us about your current educational and personal goals, how you are accomplishing them, and how having MS in your life is impacting your goals. Are there any special circumstances to be considered?**

I certify that the information I have given is true and correct.

_____      _____
Applicant Signature                                             Date
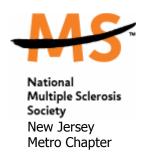
# PHOTO AND MEDIA RELEASE

## NATIONAL MULTIPLE SCLEROSIS SOCIETY
## NEW JERSEY METRO CHAPTER

## CHAPTER SCHOLARSHIP PROGRAM

I hereby give permission to the National Multiple Sclerosis Society and the New Jersey Metro Chapter to use my name, town, name of high school that I am graduating from or college that I am attending and any photograph taken of me in any promotional materials and publications; including but not limited to the Chapter's website and newsletter, as well as the public media.

I certify that I have read this waiver and release and understand its significance.


Print Name
_____

Signature _____

Date _____


Signature of Parent **if** under 18 years of age

Signature _____

Date _____