Andrew Craig Memorial Scholarship Guidelines & Procedures

The PKU Organization of Illinois has elected to award scholarships for education to qualified individuals with PKU or Allied Disorders. This year, scholarships may be awarded in amounts up to \$2,000. Qualifying applicants must have been diagnosed with PKU or an Allied Disorder, currently reside in Illinois, and are enrolled in an accredited college, university, or vocational school for the Fall semester of the current calendar year. A student may be awarded more than one scholarship during their secondary education, but not in consecutive years.

Guidelines:

The applicant must submit a complete application and

- show proof that he/she will be enrolled in classes during the current school year (i.e., copy of class schedule)
- have been diagnosed with PKU or an Allied Disorder
- show proof of primary residence in Illinois (i.e., copy of Driver's License or school ID)
- submit a short essay including responses to the questions indicated
- will apply awarded scholarship funds to college/university/vocational school expenses (i.e., course fees, textbooks, room & board)

Procedures:

An application should be obtained via the PKU Organization of Illinois website at www.pkuil.org.

Applications will be accepted from June 1 of the current year through 12:00 Midnight on the last business day of August of the current year. Business days do not include Saturday and Sunday.

- The application must be completed and emailed to pkuillinois@gmail.com no later than 12:00 Midnight on the last business day of August of the current year.
- Applications will be reviewed and ALL applications meeting the required criteria will be presented to the Board of Directors for consideration and selection.
- The winner(s) of the scholarship(s) will be notified by email and invited to attend the PKU Organization of Illinois Annual Meeting to be recognized by the Board of Directors and the PKU/Allied Disorder Community at large.

PKU Organization of Illinois Andrew Craig Memorial Scholarship Application

Please complete ALL information (print clearly or type). Completed forms are to be emailed to pkuillinois@gmail.com no later than 12:00 Midnight on the last business day of August of the current year. Business days do not include Saturday and Sunday.

ame:	(2.01.11.)		
(First)	(Middle)		(Last)
rth Date:			
(MM/DD/YYYY)			
Permanent Mailing Address:			
Street:			
City:			
State:			
Zip:			
Telephone Number (inc	uding area code): (
Email Address:			
The undersigned hereby acki scholarship funds of the PKU Oi within this application is correc	ganization of Illinois hav t.	e been met, and th	nat the information provide
Applicant Signature:			
COLLEGE/UNIVERSITY/VOCATI	ONAL INSTITUTION DAT	A:	
Name of Institution:			
Address of Institution:			
(City)		(State)	(Zip)

Month and Year of first semester attended/attending:______

PERSONAL ESSAY:

Include a short essay describing yourself, your experiences with PKU/Allied Disorder, and your future aspirations. Your essay should address the following questions:

- How has PKU or your Allied Disorder affected you, your family, and others?
- How would you describe your successes with PKU or the Allied Disorder?
- What are some challenges you have faced with PKU or your Allied Disorder?
- How has having PKU or your Allied Disorder prepared you for college?
- What hopes do you have for your future?

RELEASE OF MEDICAL INFORMATION:

Applicant/Patient: Complete the upper portion of this form, and forward to your physician who should complete the lower portion. Your physician should then forward this form to PKU Organization of IL at the address listed below (you may wish to assist your physician by including a pre-addressed envelope). Your physician may choose to email the form to pkuillinois@gmail.com.

PKU Organization of Illinois PO Box 102 Palatine, IL 60078-0102

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I,, do here (Name of Patient)	eby request and authorize my physician,
(Name of Patient)	
	ease medical information indicating the diagnosis of PKU/
(Physician's Name/Institution)	
Allied Disorder concerning	
to the PKU Organization of Illinois Andrew Craig	(Name of Patient) Memorial Scholarship Program.
(Patient Signature)	
(Guardian Signature) (Required if Patient is a M	/inor)
**********	****************
I,do here (Physician's Name/Institution)	by attest that(Patient Name)
has been diagnosed with PKU or an Allied Disord	der.
(Physician/Institution)	
(Address)	
(Physician Signature)	