

# 2014 MARIANJOY SCHOLARSHIP PROGRAM FOR STUDENTS WITH PHYSICAL DISABILITIES

## SUBMISSION DEADLINE

Scholarship application and all original documents must be received by 4:30 p.m. on March 31, 2014. Send completed application packet to:



**MARIANJOY**  
Wheaton Franciscan Healthcare

Marianjoy Scholarship Program  
26W171 Roosevelt Road  
Wheaton, Illinois 60189

## 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 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 next year:

1  2  3  4  Graduate Student

## 2) PERSONAL PROFILE

To help the judging panel make their selections, each applicant 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 and your education, information about your family situation, and your financial needs. Also include information about your educational goals and career plans. Provide additional information about school or community activities you have been involved in and any awards or honors you have received.

## 3) TRANSCRIPT INFORMATION

You must have an official transcript sent directly from the school which you most recently attended.

## 4) LETTERS OF RECOMMENDATION

Include two or more 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 give proof of 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**For more information, call 630-909-7402  
or visit [www.Marianjoy.org](http://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 include:
  - Brain Injury
  - Musculoskeletal Impairments such as Amputation or Multiple Trauma
  - Neuromuscular Disorders such as Multiple Sclerosis, Cerebral Palsy and Guillain-Barré Syndrome
  - Spinal Cord Injury
  - Stroke
- A permanent resident in one of the following Illinois counties:
 

• Cook	• Kendall	• DeKalb
• Lake	• DuPage	• McHenry
• Kane	• Will	
- Former Marianjoy patients are eligible regardless of residence.
- High school seniors or graduates (diploma or GED certificate), college undergraduates, or graduate students (post-baccalaureate).
- 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?

In order 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 stressing the nature of your disability, 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 or more 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
- 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 or more letters of recommendation
- Overall assessment of candidate's presentation

## What Are My Obligations?

*Marianjoy Scholarship* recipients have no obligations beyond supplying the scholarship administrator with current transcripts and promptly notifying the administrator of any changes of address, school enrollment, or other relevant information.

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.

Except as described in this brochure, no obligation is assumed by the *Marianjoy Scholarship Program*.



**MARIANJOY**

Wheaton Franciscan Healthcare

*Deadline for Submission is March 31, 2014.*

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

**Marianjoy Scholarship Program  
Attention: Jim Decker  
26W171 Roosevelt Road  
Wheaton, Illinois 60189**