

## **SUSANNA DELAURENTIS CHARITABLE FOUNDATION**

### **Instructions and Application for Susanna DeLaurentis Memorial Scholarships – 2017**

#### **PLEASE READ ALL INSTRUCTIONS – RETURN ONLY THE APPLICATION PAGE**

1. Please type or print legibly the information on this form. Include the following, preferably by email in a single submission and in this order:

- This application form or equivalent with ALL information requested.
- Transcript, GPA, and class rank.
- Standardized test score results.
- Awards, prizes, or scholarships.
- Extracurricular and community activities and any work experience (include a general resume if you have one with this item).
- Verification from a medical professional as to your health condition – do not assume application readers will be familiar with the nature of the condition or its special challenges for you.
- Your personal statement: a description of your health condition(s), how you have managed to excel notwithstanding the condition(s), your plans for advanced education after high school and beyond.
- At least one letter of recommendation from a member of your school faculty or administration.
- College acceptances and intended undergraduate institution.
- Any additional material you think would support your candidacy: artists have submitted sample works; musicians, sound recordings; athletes, video – anything you think will help us get to know your feats and challenges.

Scholarships are awarded on the basis of merit and health challenge, not financial need. *Please DO NOT submit financial aid information, more than one photo or newspaper article, or duplicate applications.* Do not submit copies of certificates or awards – just list them in your submission. We will communicate only by email [and telephone on occasion]; **it is important that your email address is included and is legible.**

**Medical condition:** Please have a medical professional who has treated you indicate what your medical condition is and when it was contracted and diagnosed. Please do not submit pages of analysis or test results, or refer us to websites or articles. Instead, indicate how your condition has affected your life and functioning.

**Recommendations:** We prefer that you do NOT submit statements from your parents. This is YOUR application: we want to hear from you.

Please indicate what items your submission will include so that we know when your application is complete. It is your responsibility to make sure that all items intended to be submitted have been.

Essay: Your essay is your opportunity to tell us about your health challenges, how you contend/contended with them, how they impacted your life. Readers may or may not have some knowledge of the type of condition/s you contend with, but we won't know its/their particular manifestations as you experience them. The severity of even very serious health conditions vary greatly – it will help if you can convey your particular experience with a given challenge. How does it hinder – or enhance -- your academic progress? Your ability to participate in athletics or other extracurricular activities? Your outlook on life? Your choice of likely career? Etc.

2. We receive scores of applications, which must be copied and distributed to multiple readers. Email submission is strongly preferred, though we understand that recommendations and other items generally must be mailed.

- **Mail: PLEASE DO NOT STAPLE OR CLIP TOGETHER ANY PAGES SENT BY MAIL, and request your school and third parties to do the same. Please do not use binders, tabs, or separators.**
- **Email:** Email is strongly preferred. Please submit any email attachments **in PDF or WORD format ONLY**: we will return or disregard items not submitted in these formats. Email contact information for you and a teacher or administrator is important in case we need additional information; be certain to include your **legible** email address.

3. See the accompanying “Call for Nominations” for additional information about the Foundation and scholarships, or visit the website below.

\*\*\*\*\* **IMPORTANT – PRIVACY NOTICE AND CONSENT** \*\*\*\*\*

You will be sharing intimately personal information with us. We appreciate your trust, and take every precaution to honor your privacy. **Your submission will be reviewed by a committee of four or more readers. By submitting any materials to be considered for a scholarship, you consent to the distribution of all your submission materials to all readers.** If there is any part of your submission you do not want to be shared, please contact Michael DeLaurentis at [michaeljad@gmail.com](mailto:michaeljad@gmail.com) or 215-635-9405 to discuss. Giving your consent means that you waive any right you might otherwise have to take legal action for a non-negligent sharing of private information with persons other than the readers.

Please complete your submission by **FRIDAY, APRIL 21, 2017**. We expect to notify honorees during the second week of May.

**DO NOT RETURN THESE INSTRUCTIONS WITH YOUR APPLICATION.**

# APPLICATION

**RETURN ONLY THIS PAGE WITH YOUR SUBMISSION**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Mailed items should be sent to:

SDCF  
7616 Mountain Avenue  
Elkins Park, PA 19027.

***PLEASE DO NOT SEND ITEMS WITH A SIGNATURE REQUIRED TO CONFIRM RECEIPT.***

You may submit some or all material by email to [michaeljad@gmail.com](mailto:michaeljad@gmail.com) or by fax to the number below. However, we encourage you to submit all material in a single packet.

You will receive an email acknowledgment that your application has been received and is complete. ***If you do not receive this acknowledgment within a week of submitting your application, please contact us to be certain your application reached us.***

(215)635-9405

[www.thesusannafoundation.org](http://www.thesusannafoundation.org)

Fax: (215)635-9406