



# New Jersey ME/CFS Association, Inc.

DBA New Jersey Chronic Fatigue Syndrome Association, Inc. 501(c)(3) not for profit

January 1, 2018

Dear Guidance Counselor:

The New Jersey ME/CFS Association, Inc. (NJME/CFSA) is pleased to sponsor a scholarship in the amount of \$1,000 to be awarded to a graduating senior in the class of 2018 who has ME/CFS. Our scholarship is available by download on our website: <http://njmecfsa.org>.

ME/CFS, also known as Myalgic Encephalomyelitis (ME) and Chronic Fatigue Syndrome (CFS), is a serious and complex illness that affects many body systems. According to the Centers for Disease Control and Prevention, ME/CFS is characterized by chronic incapacitating fatigue, cognitive and neurological problems, chronic tender lymph nodes, low-grade fevers, and muscle and joint aches to name a few symptoms.

ME/CFS can strike people of all ages, ethnic and socio-economic backgrounds, last many years and be severely debilitating. Since the cause of ME/CFS is unknown and lacking a definitive test, the diagnosis is made by exclusion. Ruling out all other illnesses, including Lyme Disease, Lupus and Multiple Sclerosis is the currently accepted methodology.

Children of all ages may contract ME/CFS, with the majority of these children in late adolescence. ME/CFS is a syndrome, (collection of symptoms), in which the degree of disability varies. It can be difficult to understand the special educational needs of young persons with ME/CFS. While some can continue classroom education with a reduced schedule, others require homebound tutoring. It can take years to recover from ME/CFS (if ever) and lost time may directly affect planning and continuing the student's further education.

The NJME/CFSA is dedicated to increasing public awareness of the educational difficulties of young persons with ME/CFS and to encourage all young persons with ME/CFS to pursue a post-secondary education. This scholarship is offered to a New Jersey high school senior who has been diagnosed with ME/CFS. He/she will have applied to and been accepted or enrolled, full or part time, in a college (2-year or 4-year), university or an accredited technical school for the 2018-2019 school year. Eligibility is also extended to recent high school graduates who had to delay their education due to ME/CFS. Each applicant will be judged on merit, the sincerity of the essay and on financial need.

The NJME/CFSA is a non-profit organization whose purpose is to support patients and their families, disseminate reliable information and promote research into the cause and cure for ME/CFS. Our activities include sponsoring support groups, publication of a newsletter, physician and attorney referrals, a lending library, and other activities.

Thank you for your assistance in making this information available to those who may qualify for this scholarship. Please feel free to duplicate all eight pages of our scholarship for your student(s). The deadline for submitting applications for consideration will be April 23, 2018. Applicants will be notified by May 17, 2018. All applications should be forwarded to:

**New Jersey ME/CFS Association, Scholarship Committee, P.O. Box 477, Florham Park, N.J. 07932**

If you have any questions or need additional information, please contact me at (732) 646-0619.

Sincerely yours,

Katie Santana, Chairperson

**NJME/CFSA Scholarship Committee**

PO 477 Florham Park NJ 07632

Helpdesk@njcfsa.org \* <http://njmecfsa.org> \* [njmecfsa@njmecfsa.org](mailto:njmecfsa@njmecfsa.org)

**NEW JERSEY ME/CFS ASSOCIATION  
SCHOLARSHIP APPLICATION 2018  
PHYSICIAN FORM**

Name of applicant \_\_\_\_\_ Sex. M (  ) F (  ) D.O.B. \_\_\_\_\_

**Diagnosis Confirmation Form**

**NJME/CFSA Privacy Policy: The information on this checklist will be available only to the Scholarship committee for the purpose of verifying eligibility for the scholarship.**

**Does your patient fulfill the guidelines for the diagnosis of ME/CFS as set out in the 2006 Journal of Chronic Fatigue Syndrome (1), by exhibiting the following symptoms?**

1. Severe unexplained and persistent chronic fatigue that has lasted for 3 months or longer duration with other known medical conditions excluded by clinical diagnosis and laboratory tests? Yes [  ] No [  ]
2. Post-exertional malaise that causes an inappropriate loss of physical and or mental stamina often taking 24 hours or longer to recover? Yes [  ] No [  ]
3. Unrefreshing sleep, insomnia at night or daytime hypersomnia? Yes [  ] No [  ]
4. Pain that is often widespread and migratory in nature? Yes [  ] No [  ]
5. Myofascial and/or joint pain without swelling or redness? Yes [  ] No [  ]
6. Headaches of new type, pattern or severity? Yes [  ] No [  ]
7. Abdominal pain or nausea? Yes [  ] No [  ]
8. Symptoms of orthostatic intolerance such as neurally mediated hypotension (NMH) or postural orthostatic tachycardia syndrome (POTS)? Yes [  ] No [  ]
9. Any of the following neurocognitive problems?
  - a. impairment of concentration? Yes [  ] No [  ]
  - b. short-term memory problems? Yes [  ] No [  ]
  - c. difficulty processing information? Yes [  ] No [  ]
  - d. inability to focus vision? Yes [  ] No [  ]
  - e. hypersensitivity to noise? Yes [  ] No [  ]
10. Any of the following symptoms?
  - a. subnormal body temperatures? Yes [  ] No [  ]
  - b. intolerance of extremes of heat or cold? Yes [  ] No [  ]
  - c. feelings of feverishness? Yes [  ] No [  ]
  - d. weight changes? Yes [  ] No [  ]
11. Any of the following symptoms?
  - a. lymph nodes that are painful to touch? Yes [  ] No [  ]
  - b. recurrent sore throats? Yes [  ] No [  ]
  - c. recurrent flu-like symptoms? Yes [  ] No [  ]
  - d. new sensitivities to foods or medications? Yes [  ] No [  ]

12. Has your patient been ruled out for the following diseases?

Untreated hypothyroidism	Yes [ ] No [ ]	Sleep apnea	Yes [ ] No [ ]
Narcolepsy	Yes [ ] No [ ]	Malignancies	Yes [ ] No [ ]
Leukemia	Yes [ ] No [ ]	Unresolved hepatitis	Yes [ ] No [ ]
Multiple Sclerosis	Yes [ ] No [ ]	Juvenile rheumatoid arthritis	Yes [ ] No [ ]
Lupus erythematosus	Yes [ ] No [ ]	HIV/AIDS	Yes [ ] No [ ]
Lyme disease	Yes [ ] No [ ]	Celiac disease	Yes [ ] No [ ]
Severe obesity	Yes [ ] No [ ]		

**Since our committee relies upon your opinions for our selection, would you please answer the following questions?**

At the present time, what best describes your patient's ability to participate in school?

- \_\_\_ Full time student with no restrictions.
- \_\_\_ Full time student with schedule modifications.
- \_\_\_ Part time student supplemented with home instruction.
- \_\_\_ Home bound student with complete home instruction.

In your professional opinion, is your patient physically and cognitively capable of completing college or technical school?

\_\_\_ Yes      \_\_\_ No

This patient (named) \_\_\_\_\_ has been my patient for \_\_\_ years \_\_\_ months.

In my opinion, he/she is suffering from ME/CFS. Through careful history, physician exam and laboratory studies, I have found no other fatiguing illness, which would explain his/her symptoms.

Signed \_\_\_\_\_ M.D. License # \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Specialty \_\_\_\_\_

Address \_\_\_\_\_

Comments from physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. Jason LA, Jordan K, et al. A Pediatric Case Definition for Myalgic Encephalomyelitis and Chronic Fatigue Syndrome. J. CFS 2006;13 (2/3):1-28.**

## GENERAL INFORMATION AND INSTRUCTIONS

### BACKGROUND AND PURPOSE

The purpose of the New Jersey ME/CFS Association Scholarship is to provide financial assistance to a deserving student who has ME/CFS and wants to pursue his/her educational goals in college or technical school.

### AMOUNT

The New Jersey ME/CFS Association will offer a scholarship in the amount of \$1,000 to be used toward the student's tuition or other educational related expense.

### JUDGING

Knowing the cognitive difficulties associated with ME/CFS, less emphasis will be placed upon grade point average and academic achievements. Each applicant will be judged on merit, the sincerity of the essay and on financial need.

### AWARDING

Applicants will be notified by May 17, 2018. Recognition of the scholarship winner will take place at his/her high school awards ceremony. Respecting the confidentiality of the applicant's medical condition, the awarding of the NJME/CFSA Scholarship at the applicant's high school awards ceremony is not mandatory. The applicant consents to the disclosure of his or her medical condition, if he or she is awarded the scholarship. NJME/CFSA is not responsible in any manner whatsoever for that disclosure.

The Scholarship check will be sent directly to the college, university or technical school, to be used toward the student's tuition or other educational related expenses; or our organization will purchase educational required books or other items for the scholarship winner.

### ELIGIBILITY REQUIREMENTS

1. Resident of New Jersey.
2. Diagnosed with ME/CFS by a physician who followed the guidelines for the diagnosis of ME/CFS set forth in the 2006 Journal of Chronic Fatigue Syndrome.
3. A graduating senior in the class of 2018. Eligibility is also extended to recent high school graduates who had to delay continuing their education due to ME/CFS. These graduates are eligible to apply within four years of their high school graduation and are applying to a college, university or an accredited technical school for the first time.
4. Accepted or enrolled in a college, university or an accredited technical school (full or part time) for the school year 2018-2019.
5. Minimum grade point average of 2.0.
6. Submit a copy of your completed application package to be received by the scholarship chairperson by April 23, 2018.

### CRITERIA

1. An official high school transcript.
2. Letter of acceptance or of enrollment in his/her college, university, or technical school.
3. One letter of recommendation by a high school teacher, counselor or principal.
4. Personal statement by Parent(s) or Guardian(s) in support of you and your application. This statement should also include any other financial circumstances or information deemed pertinent.
5. Completed signed and dated, Physician Diagnosis Confirmation Form pages 1 and 2. Present the form to your physician, allowing ample time to be completed.

APPLICATION FORM

**SECTION I—PERSONAL INFORMATION**

Applicant's Name \_\_\_\_\_  
Address-Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Sex ( ) Female ( ) Male  
Date of Birth \_\_\_\_\_ Current Annual Income \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address-Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Occupation \_\_\_\_\_  
Non-Taxable Income if applicable \_\_\_\_\_ Current Annual Income \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address-Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Occupation \_\_\_\_\_  
Non-Taxable Income if applicable \_\_\_\_\_ Current Annual Income \_\_\_\_\_

Guardian's Name (if applicable) \_\_\_\_\_  
Address-Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Occupation \_\_\_\_\_  
Non-Taxable Income if applicable \_\_\_\_\_ Current Annual Income \_\_\_\_\_

List names and ages of sisters and brothers living at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II—SCHOOL INFORMATION**

High School Name \_\_\_\_\_  
Address-Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_  
Date of Graduation \_\_\_\_\_ Grade Point Average \_\_\_\_\_

**Note: Your High School transcript must be included with this application.**

**SECTION II—SCHOOL INFORMATION, CONTINUED**

List colleges or technical schools to which you have applied. Mark with an asterisk the school you plan to attend.

NAME

CITY & STATE

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Have you applied for or been given any other scholarship aid? If so, please list who is giving you the scholarship aid and the amount.

AID GRANTED

AMOUNT

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**SECTION III—SIGNATURES**

PARENT’S OR GUARDIAN’S SIGNATURE(S)

I certify that the financial and personal information given in this application is true.

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT’S SIGNATURE

I certify that the financial and personal information given in this application is true.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SECTION IV—ESSAY—AT LEAST 350 WORDS**

The applicant must write an essay on the subject:

“What do you see as your goal for higher education or career direction and has having ME/CFS influenced your choice in any way?” (Explain)

## **SECTION V—FINANCIAL INFORMATION**

1. Include a photocopy of parents' 2017, 1040 U.S. Income Tax Return and a photocopy of the student's 2017, 1040 EZ U.S. Income Tax Return, if applicable. **Please blank out your social security numbers, as they are not needed to process your application.**
2. If applicable, report any non-taxable income such as child support payments, inheritances, etc., on the line provided in Section I—Personal Information.

**This is a financial need scholarship.**

## **SECTION VI—MAILING INSTRUCTIONS**

Applications must be received by the scholarship committee no later than April 23, 2018. Please furnish your completed application and all the necessary documents. Please ask your guidance counselor to add your transcript to your completed documents and to mail the complete packet to:

Scholarship, New Jersey ME/CFS Association, Inc.

P.O. Box 477

Florham Park, N.J. 07932

**Additional copies of the NJME/CFSA Scholarship application can be downloaded from our website: <http://njmecfsa.org>**

### **MANDATORY CHECK LIST**

**NON-COMPLIANCE WITH ANY STEP WILL DISQUALIFY APPLICANT.**

1. COMPLETED APPLICATION, SIGNED AND DATED, MUST BE RECEIVED BY SCHOLARSHIP CHAIRPERSON BY APRIL 23, 2018.
2. HIGH SCHOOL TRANSCRIPT.
3. PERSONAL STATEMENT BY PARENT(S) OR GUARDIAN(S).
4. PHOTOCOPY OF PARENTS' 2017 1040 INCOME TAX RETURN AND STUDENT'S 2016 1040 EZ, IF APPLICABLE.
5. ESSAY, AT LEAST 350 WORDS.
6. LETTER OF ACCEPTANCE OR PROOF OF ENROLLMENT IN COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL.
7. ONE LETTER OF RECOMMENDATION FROM EITHER TEACHER, COUNSELOR, OR PRINCIPAL.
8. COMPLETED SIGNED AND DATED PHYSICIAN DIAGNOSIS CONFIRMATION FORM PAGES 1 AND 2.