

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 \$2,000 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 and the sincerity of the essay.

AWARDING

Applicants will be notified by May 17, 2020. 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 2020. 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 2020-2021.
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, 2020.

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.
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

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

SECTION III—SIGNATURES

PARENT’S OR GUARDIAN’S SIGNATURE(S)

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

Father _____ Date _____

Mother _____ Date _____

Guardian(s) _____ Date _____

APPLICANT’S SIGNATURE

I certify that the 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—MAILING INSTRUCTIONS

Applications must be received by the scholarship committee no later than April 23, 2020. 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, 2020.
2. HIGH SCHOOL TRANSCRIPT.
3. PERSONAL STATEMENT BY PARENT(S) OR GUARDIAN(S).
4. ESSAY, AT LEAST 350 WORDS.
5. LETTER OF ACCEPTANCE OR PROOF OF ENROLLMENT IN COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL.
6. ONE LETTER OF RECOMMENDATION FROM EITHER TEACHER, COUNSELOR, OR PRINCIPAL.
7. COMPLETED SIGNED AND DATED PHYSICIAN DIAGNOSIS CONFIRMATION FORM PAGES 1 AND 2.

**NEW JERSEY ME/CFS ASSOCIATION
SCHOLARSHIP APPLICATION 2020
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.