



Chart Your Own Course Sanofi Genzyme Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline July 6

FOR
SCHOLARSHIP
AMERICA
USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTC	SP1	TOTAL

STUDENT
APPLICANT
DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home _____

Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address _____ I am a U.S. citizen or legal permanent resident? Yes No

(Email required for notification)

Diagnosed lysosomal storage disorder (LSD) – *attach documentation* _____

Please indicate your status. (For statistical purposes only) Male Female

American Indian/Alaska Native

Black/African American

Multi-Racial

White

Asian

Hispanic/Latino

Native Hawaiian/Pacific Islander

ALTERNATE
CONTACT
INFORMATION

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Day Phone (_____) _____

Email Address _____ Fax Number (_____) _____

HIGH
SCHOOL
DATA

School Name _____ HS Graduation/GED Date: Month _____ Year _____

City _____ State _____ Phone (_____) _____

POST-
SECONDARY
SCHOOL
DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do **not** use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University

2 yr. Community or Junior College

Vocational-Technical School

Other, explain _____

Year in school next year: 1 2 3 4 5 or Graduate Study Enrolling Full-time? Yes No

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: Ph.D. Master's Bachelor Associate Certificate Other _____

Student will: live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement of your plans as they relate to your educational and career objectives and long-term goals and ambitions.

UNUSUAL CIRCUMSTANCES

Please describe any obstacles you've encountered as they relate to your lysosomal storage disorder (LSD) and the steps you've taken to overcome those obstacles. An additional sheet of paper may be attached if needed.

FINANCIAL DATA (REQUIRED)

If you are a dependent student, please have your parent/guardian complete this section. If you are independent, information about you and your spouse (if applicable) should be provided. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- I am a dependent student. The data below represents my parents' finances.
- I am an independent student. The data below represents my finances.

NOTE:
Instructions for this section are provided at the end of this application form.

- | | |
|--|---|
| <p>1. State of Residence _____</p> <p>2. Adjusted Gross Income (FORM 1040) \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) \$ _____
(Not the amount withheld from paychecks)</p> <p>4. Total Income of Father (Self) \$ _____
Total Income of Mother (Spouse)..... \$ _____</p> <p>5. Yearly Untaxed Income and Benefits:
Please indicate source –
<input type="checkbox"/> Social Security <input type="checkbox"/> Child Support
<input type="checkbox"/> Other \$ _____</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income ...# _____</p> <p>9. Marital status of parent, guardian or self:
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# _____</p> |
|--|---|

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by hand by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- 1. Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. (Completion of high school information below is not necessary.)
- 2. High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by hand by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT		ACT				
	Weighted: _____/4.0 scale	Evidence-Based Reading & Writing	Math	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale							

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ ZIP Code _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. If you have questions concerning eligibility, transcripts or financials please call 507-931-1682. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Certified LSD diagnoses documentation (see Rules)
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

Chart Your Own Course – Sanofi Genzyme Scholarship Program.
 Scholarship America
 One Scholarship Way
 Saint Peter, MN 56082

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CERTIFICATION


Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.) The information provided will only be used by Scholarship America and only for the purposes of determining eligibility for the Chart Your Own Course Scholarship Program.

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____
 (If applicant is a dependent student)

Instructions for Completing a PDF Fill-in-the-blank Scholarship Application Form

You will need ADOBE  Reader 6.0 or greater to open, use and print this PDF fill-in-the-blank form. If you do not have this free software installed on your computer, visit <http://get.adobe.com/reader/>. Follow the directions to install the latest ADOBE Reader which is a free download.

Use the fill-in-the-blank feature to complete the form.

- Save a copy of the form to your personal data storage device.
- Type in your responses using the **Tab** key to move between fields.
- You may save the file while in progress and return to complete or revise it later.
- When finished, print the completed form.

Applicants must print the page(s) of the application containing the Applicant Appraisal and Transcript Information sections and submit to the appropriate individuals for completion. These sections cannot be completed electronically.

Mail the completed application form (including the completed Appraisal and Transcript sections and any other required documents) to Scholarship America by the program's application postmark deadline. The mailing address is on the application form.

Instructions for Completing the Financial Data Section of the Application

The Financial Data section of the application should be completed by parents, guardians, **or** by the applicant if independent. Independent is defined as one who is **not** claimed as a dependent by the parent/guardian for tax purposes. Information should be from a completed tax return filed with the IRS.

1. **State of residence** is the state where the parents and/or (independent) applicant reside and pay state income tax.
2. **Adjusted gross income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **Total federal tax paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total income** of parent(s) should be reported individually for both parents if applicant is a dependent student, or by the applicant if independent. If applying as a dependent student, provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed income and benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and dental expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total cash, checking, savings, cash value of stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
8. **Total number of family members living in the household** and primarily supported by the reported income may include:
 - the applicant
 - the applicant's parents (or spouse if student is independent)
 - other children living in the household
 - dependent college students living away from home
 - other people who live in the household and receive more than half of their support from the reported incomeIndependent students should only report those individuals who are supported by the reported income.
9. **Marital status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship America in writing.