



tourette syndrome association of new jersey, inc.

administrative office: 50 division street, suite 205, somerville, new jersey 08876

phone: 908 575 7350 fax: 908 575 8699 e-mail: info@tsanj.org web address: www.tsanj.org

TSANJ, INC. SCHOLARSHIP AWARD ANNOUNCEMENT

The Tourette Syndrome Association of New Jersey, Inc. announces that it has received private contributions for a 2008 Scholarship Award to a New Jersey High School Senior diagnosed with Tourette Syndrome.

The Scholarship Award Recipient Must:

- a. Complete and return the enclosed Application form to the office by March 28, 2008;
- b. Be a citizen of the State of New Jersey;
- c. Be a high school senior in New Jersey in either a private or public school;
- d. Be planning to attend a College or Trade School on a part time or full time basis;
- e. Have a diagnosis of Tourette Syndrome;
- f. Provide a record of grades in the junior year and senior year to date;
- g. Either submit an essay of one to two pages, typed, double space, describing how Tourette Syndrome has played a part in your life; **OR** submit a CD, cassette, DVD or video displaying your talent(s) (e.g., musical, slides of works of art, sports) of about five minutes in length.

The Winner will be selected based upon achievement, academic accomplishments, and presentation. The amount of the prize, criteria, and selection of the winner shall be in the sole discretion of the Tourette Syndrome Association of New Jersey, Inc. which reserves the right to determine the amount of the award and whether to award it based upon the applications.



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TSANJ SCHOLARSHIP 2008 APPLICATION FORM

(Feel free to use additional sheets if necessary)

*(This completed application along with all submissions must be in the TSANJ office by **March 28, 2008**: TSANJ, Inc., 50 Division Street, Suite. 205, Somerville, New Jersey)*

Last Name: _____ First Name: _____ MI _____

Address: _____

Home Phone #: _____ E-mail Address: _____

High School Name: _____

High School Address: _____

Name of Guidance Counselor or Advisor: _____

School Telephone Number: _____

Name of College or Trade School You Will Attend (if known): _____

_____ I have enclosed a letter from my school or transcript of my grades during my junior and senior year.

_____ I certify that I have been diagnosed as having Tourette Syndrome.

_____ As a parent or guardian of the applicant I certify that he or she has been diagnosed as having Tourette Syndrome.

Applicant's signature

Date

Parent or Guardian's signature

Date



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TSANJ, INC. SCHOLARSHIP/AWARD 2008 **APPLICATION FORM**

I am submitting with this application: (check all that apply)

_____ an essay entitled _____

_____ a DVD/video cassette demonstrating _____

_____ an CD/audio cassette demonstrating _____

1. Provide one or two letters of recommendation (optional)

_____ Yes enclosed _____ No not enclosed

2. List your extra-curricular activities in high school either at the school or elsewhere: _____

(Feel free to use additional sheets if necessary)

3. List any employment held during high school indicating if it was a summer or part time job during school: _____

(Feel free to use additional sheets if necessary)



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OPTIONAL: (You do not have to agree to the following to be a recipient)

If selected, you may release my name to the press and in publications.

_____ Yes _____ No

If selected, you may announce my award at my high school awards assembly, if any.

_____ Yes _____ No

If you selected yes to any of the above, please include a recent photo of yourself.

_____ Included _____ Not included

Signature of Applicant

Date