**Hayden’s Batten Disease Foundation, Inc**

**High School Scholarship**

Applicants for this scholarship will have a strong desire to work in the medical field.

**Two** scholarships **$1,000** will be awarded to applicant’s who demonstrate strong academic success, are able to provide two letters of recommendation (one of which must be from a teacher or counselor), plan to enter into a health care career and illustrate an understanding of Batten Disease and how upon completing their college degree they would be able to assist person’s suffering from Batten Disease.

Please use this checklist as a guide for putting together your application material.

\_\_\_\_ Student Information Form

\_\_\_\_ High School Transcripts

\_\_\_\_ 2 Letters of Recommendation

\_\_\_\_ Essay - no page minimum or maximum

 Explain - What Batten Disease is and

 How you will use what you learned now and in your career field

Suggested Resources:

[www.ninds.nih.gov](http://www.ninds.nih.gov)

<https://bdsra.org>

<https://taylorstale.org>

There are many other sources of information on Batten Disease. Do not be afraid to be creative.

Scholarship applications will be reviewed by a committee and awarded at the discretion of the committee.

Please send completed application packets to:

Hayden’s Batten Disease Foundation, Inc

Scholarship Committee

3211 41st Street

Two Rivers, WI 54241

Contact Sara Greenwood at (920) 242-9550 with any questions

Scholarship applications must be received by April 15, 2020.

**Student Information Sheet**

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

 (Last) (First)

**Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street)

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

 (City) (State)

**Phone #:** \_\_\_(920)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Planning to Attend in Fall 2020:**

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

(Name and Location)

**Extra-Curricular Activities:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I verify that all information provided above is accurate. If it is discovered that any of my information is false my application will be withdrawn from consideration for the Hayden’s Batten Disease Foundation, Inc Scholarship.**

 (Name) (Date)