



New Jersey Center for Tourette Syndrome

AND ASSOCIATED DISORDERS, INC.

*Collaborative Partnerships Serving
the Tourette Syndrome Community*

NJCTS CHILDREN'S SCHOLARSHIP AWARD ANNOUNCEMENT

The NJ Center for Tourette Syndrome & Associated Disorders, Inc. announces that it has received private contributions for a 2010 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. It must be received in the NJCTS office by March 26, 2010
- b. Be a citizen of the State of New Jersey;
- c. Be a high school senior in a New Jersey 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 High School career to date;
- g. Submit an essay of one to two pages, typed, double spaced, describing how Tourette Syndrome has played a part in your life. You may also 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 NJ Center for Tourette Syndrome & Associated Disorders, 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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AND ASSOCIATED DISORDERS, INC.

NJCTS CHILDREN'S SCHOLARSHIP 2010 AWARD
APPLICATION FORM

(Feel free to use additional sheets if necessary)

*(This completed application along with all submissions must be in the NJCTS office by **March 26, 2010**: NJCTS, 50 Division Street, Suite. 205, Somerville, NJ, 08876)*

Last Name: _____ First Name: _____ MI _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

E-mail Address: _____

High School Name: _____

High School Address: _____

Name of Guidance Counselor or Advisor: _____

School Telephone Number: _____

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

_____ I have enclosed a letter from my school or transcript of my grades during my high school career.

_____ 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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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