**ABOUT THE LORUSSO SCHOLARSHIP**

The New England Connection for PKU and Allied Disorders, Inc. (NECPAD) is a 501 c 3 nonprofit organization which is committed to fulfill its working mission to inspire learning, social support, research and public policy to help develop the full potential of people affected by PKU and Allied Disorders. We are proud to support those living with PKU and Allied Disorders, their families and professionals throughout New England.

In 2005, NECPAD was awarded a generous grant from the Lyndon Paul Lorusso Charitable Memorial Fund of The Cape Cod Foundation (the Lorusso Fund). The Lorusso Fund is a vital philanthropic legacy of Paul and Lila Lorusso in the name of their late son, Lyndon Paul Lorusso, who died tragically in 1971. Just 17 at the time of his death, the Lorusso’s only child has been the inspiration for a host of charitable efforts benefiting countless people. NECPAD is honored to be one of the organizations that has been entrusted with these funds to help sustain NECPAD’s charitable objectives.

By allocating a percentage of all funds raised by NECPAD since and by keeping the principle invested, the NECPAD Board of Directors has caused the fund to grow and will now begin to disburse the interest in the form of academic scholarships. NECPAD is proud to refer to this scholarship program as the Lyndon Paul Lorusso Scholarship.

NECPAD welcomes any contributions to supplement the Lorusso fund so that we may continue to support those we serve.

Please forward your tax deductible donations to:

**NECPAD**

**ATTN: Lorusso Scholarship,**

**27 Murray Circle**

**Raynham, MA 02767**

**WHO IS ELIGIBLE**

NECPAD invites all persons living with PKU and Allied Disorders, and who are on diet treatment, to apply for an academic scholarship. Applicants must reside in one of the New England States –Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

Applicants must be accepted to an accredited college or technical school before the scholarship is awarded, but may apply for the scholarship before acceptance is confirmed. NECPAD will consider other applicants as well on a case by case basis. All applicants must demonstrate a need to be awarded academic assistance.

**WHO WILL REVIEW THE APPLICATIONS?**

All completed applications will be considered by a NECPAD Scholarship Committee as appointed from time to time by the NECPAD Board of Directors. All applications will be carefully judged based on predetermined criteria. The NECPAD Board of Directors will vote on those applications that are put forth by the NECPAD Scholarship Committee. The NECPAD Board of Directors is solely responsible for administering the Lorusso Fund.

**SCHOLARSHIP AWARDS:**

Academic excellence and financial need of the application will be among the factor considers, but financial need is NOT a prerequisite for being awarded a scholarship (it is only considered in terms of the amount awarded).

We encourage all excellent students to apply, no matter what their financial need.

|  |
| --- |
| **APPLICATION DEADLINE:** Applications will be available after February 15th each year for that year's applications. Completed applications must be in by June 30th. |
|  |

**QUESTIONS ABOUT THE LORUSSO SCHOLARSHIP?**

Please read application carefully first, then visit NECPAD’s website at www.necpad.org or contact necpad.org@gmail.com

**LORUSSO SCHOLARSHIP APPLICATION**

**Personal Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Male □ Female

(First, Middle Initial, Last)

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month/Day/Year)

Permanent mailing address:

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

Street Address

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

City, State, Zip

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

Country

Permanent telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other mailing address & telephone number (for example, at school):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please complete all questions, printing (or typing) neatly and clearly in blue or black ink. If a question does not apply to you, please indicate “NA”. Selection of a recipient for the scholarship will be influenced by completeness of reply, neatness and legibility of application. Sorry, we cannot consider incomplete or illegible applications.

*Please email or mail completed applications,*

*by* May 15th *to* *necpad.org@gmail.com* *or :*

**NECPAD**

**ATTN: Lorusso Scholarship**

**27 Murray Circle**

 **Raynham, MA 02767**

(Attach a recent photo here. Do not staple; attach with scotch tape on the back so the photo can be easily removed as needed. If you win an award, this will likely be the photo used in the newsletter story about you, so choose your photo with that in mind.)

**Other Information**

Parents’ occupations Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which New England state do you reside \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for, or are you receiving, other financial aid (scholarships, loans, grants)?

□ Yes □ No

If yes, give details (name of program, amount requested/granted, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Academic Information**

Academic goals:

□ Associate’s Degree □ Bachelor's Degree □ Master's Degree □ Doctoral Degree □ Law Degree

□ Medical Degree

□ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected major/minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If vocational/technical school, name of job-related program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School you will be/are attending:

Name

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

Street Address

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City, State, Zip

**Financial Information**

*Previous Year's Total Gross Income, Earnings, and Benefits (from federal income tax return):*

Parents’ Income (if you are a dependent, or receive substantial financial help from them)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in U.S. currency

Applicant's personal income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in U.S. currency (whether or not you are a dependent)

Do you support yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children in the family and ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you or your family have unusual circumstances, such as PKU or Allied Disorder medical expenses not covered by insurance, unusual non-PKU or Allied Disorder medical or dental expense not covered by insurance, a family member who is a dislocated worker, or other unusual circumstances that affect your financial status, please describe below:

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

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*This information will be held in strictest confidence. Applicant's signature below indicates that the above financial information is true and complete to the best of your knowledge. (If asked for proof of the information, proof may include a copy of your income tax return.)*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate your need for a scholarship. A "1" indicates without assistance you will not be able to attend the school and "7" indicates no particular financial need:

□1 □ 2 □3 □4 □ 5 □6 □7

List any previous educational experience post-high school:

*Name and Location of School, Dates Attended, Degree Received?*

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

Dates attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Statement**

*This is a very important part of the application.* Through your words, please "paint a portrait" of yourself for the scholarship committee. Please carefully review it for errors in composition, typing spelling before sending it.

On separate paper, typed, please write a narrative/essay about yourself, including each of the numbered topics below. Your answer to #3 may be in the form of an outline, if you wish. Commentary about each of the activities is helpful in giving the committee a more complete understanding about your involvement, so please add more details about an activity when you think it would be helpful. Be specific in your answers.

Your statement should be no longer than *seven typed pages, double-spaced.* Your statement should include the topics listed below. PLEASE GIVE EACH TOPIC THE SUBHEAD LISTED IN BOLD TYPE.

1) **Why I am applying for the Scholarship:** Describe why you are applying for the scholarship.

2) **My Educational Objectives and Career Plans:** Describe your educational objective(s) and career plans, if known, and what factors/interests have led you in this direction.

3) **My School and Community Activities:** Describe your extracurricular activities, such as on-campus student activities, family activities, community activities, clubs, student offices held, sports activities, involvement in musical groups, any involvement you have had with PKU-related activities, etc. Please include any comments you have about these activities and their importance in your life.

4) **Honors and Awards I have Received:** List and describe any honors and awards you have received, academic or otherwise.

5) **My Work History:** If you are currently employed, state your employer’s name, the type of work you do and the hours you work per week or month. Describe any significant work you have done in the recent past but are not currently engaged in.

6) **My Overall Experience and Attitudes about PKU or Allied Disorder.** As accurately and articulately as possible, please describe your overall experience with PKU or Allied Disorder, your attitudes toward the PKU/Allied Disorder diet both now and in the past, and what influence PKU/Allied Disorder has had on your life. Please include any pertinent information about your family or clinic and how they have helped you deal with PKU or Allied Disorder. (Please expand on your thoughts as much as possible).

**Letters of Recommendation**

We prefer that one of the two required letters of recommendation be from a teacher, physician, dietician or other medical professional who knows you and your work well. One of the two can be from an employer or long-time family friend who has observed you in different situations. You are welcome to include one extra letter if you feel it would strengthen your application (just print out an extra rating form to go with it), making a total of 3 letters. This extra letter may also be from a doctor, as well as a family friend or employer. All of the letters must be accompanied by the rating form enclosed in the application.

**Letter from PKU/Allied Disorder Treatment Clinic**

Please request a letter from your current PKU/Allied Disorder treatment clinic physician or nutritionist. (If you were followed for many years by another clinic, please also include a letter from that clinic.) The letter should briefly describe your PKU/Allied Disorder history and treatment and include a recommendation for the *Lorusso Scholarship*. Include the letter, in a sealed envelope with letterhead from the clinic, when you mail your completed application form.

Check List: Have You Completed the Application As Required?

My application for the *Lorusso Scholarship* includes the following (please

check off ):

□ Application Form, including a recent color photo

□ Applicant's Statement, typed, double spaced

□ Two or more letters of recommendation in sealed envelopes

□ I have mailed or emailed all required parts of the application to NECPAD, postmarked no later than May 15th *(except by prior arrangement).*

Please scan and email necpad.org@gmail.com , or place your completed application and letters of recommendation, in a large envelope. All material must be included in the single envelope (not sent separately from various individuals, unless by prior arrangement).

Send to:

**NECPAD**

**ATTN: Lorusso Scholarship**

**27 Murray Circle**

 **Raynham, MA 02767**

The Lorusso Scholarship

Confidential Letter of Recommendation

Applicant's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named student is applying for an academic scholarship. Please assist the selection committee by checking the appropriate responses below:

How strongly do you recommend this student for a scholarship? Circle a number below.

□1 □2 □3 □4 □5 □6 □7

*highest recommendation lowest recommendation*

On a separate sheet of paper, please state how long and in what capacity you have known this student (through school class, employment, etc.). Elaborate on any characteristics of the student listed above, giving any anecdotes that demonstrate your point. Please include any other pertinent information you feel will assist the selection committee in evaluating this student for a scholarship. We prefer this letter to be typed.

*Thank you for your assistance!*

If the student wins a Lorusso Scholarship, I agree to have selected comments from my recommendation *possibly* printed in the NECPAD website (any story will be based on the entirety of this application and a draft will be sent to the winner for review prior to printing; all names of references will be omitted and identifying characteristics will be minimized).

Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature and Date)

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution name/city/state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Daytime telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this form to the applicant, in a sealed envelope with letterhead, by May 1st.***

The Lorusso Scholarship

Confidential Letter of Recommendation

Applicant's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named student is applying for an academic scholarship. Please assist the selection committee by checking the appropriate responses below:

How strongly do you recommend this student for a scholarship? Circle a number below.

□1 □2 □3 □4 □5 □6 □7

*highest recommendation lowest recommendation*

On a separate sheet of paper, please state how long and in what capacity you have known this student (through school class, employment, etc.). Elaborate on any characteristics of the student listed above, giving any anecdotes that demonstrate your point. Please include any other pertinent information you feel will assist the selection committee in evaluating this student for a scholarship. We prefer this letter to be typed.

*Thank you for your assistance!*

If the student wins a Lorusso Scholarship, I agree to have selected comments from my recommendation *possibly* printed in the NECPAD website (any story will be based on the entirety of this application and a draft will be sent to the winner for review prior to printing; all names of references will be omitted and identifying characteristics will be minimized).

Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature and Date)

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution name/city/state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Daytime telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this form to the applicant, in a sealed envelope with letterhead, by May 1st.***

The Lorusso Scholarship

Confidential Letter of Recommendation

Applicant's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named student is applying for an academic scholarship. Please assist the selection committee by checking the appropriate responses below:

How strongly do you recommend this student for a scholarship? Circle a number below.

□1 □2 □3 □4 □5 □6 □7

*highest recommendation lowest recommendation*

On a separate sheet of paper, please state how long and in what capacity you have known this student (through school class, employment, etc.). Elaborate on any characteristics of the student listed above, giving any anecdotes that demonstrate your point. Please include any other pertinent information you feel will assist the selection committee in evaluating this student for a scholarship. We prefer this letter to be typed.

*Thank you for your assistance!*

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Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature and Date)

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution name/city/state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Daytime telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this form to the applicant, in a sealed envelope with letterhead, by May 1st.***