



January 1, 2010

Dear Guidance Counselor:

The New Jersey Chronic Fatigue Syndrome Association, Inc. is pleased to sponsor a scholarship for the amount of \$1,000 to be awarded to a graduating senior in the class of 2010 who has ME/CFS. Our scholarship is available by download on our website: <http://njcfsa.org>.

Chronic Fatigue Syndrome (CFS) also known as Myalgic Encephalomyelitis (ME) is a serious and complex illness that affects many different body systems. According to the Centers for Disease Control and Prevention, ME/CFS is characterized by chronic incapacitating fatigue, cognitive and neurological problems, chronic tender lymph nodes, low-grade fevers, and muscle and joint aches to name a few symptoms.

ME/CFS can strike people of all ages, ethnic and socio-economic backgrounds, last many years and severely debilitate. Since the cause of ME/CFS is unknown and lacking a definitive test, the diagnosis is made by exclusion. Ruling out all other illnesses, including Lyme Disease, Lupus and Multiple Sclerosis is the currently accepted methodology.

Children of all ages may contract ME/CFS, yet the majority of children with the illness are in late adolescence. ME/CFS is a syndrome, (collection of symptoms), in which the degree of disability varies. It can be difficult to understand the special educational needs of young persons with ME/CFS. While some can continue classroom education with a reduced schedule, others require homebound tutoring. It can take years to recover from ME/CFS and lost time may directly affect planning and continuing the student's further education.

The New Jersey CFS Association is dedicated to increasing public awareness of the educational difficulties of young persons with ME/CFS and to encourage all young persons with ME/CFS to pursue a post-secondary education. This scholarship is offered to a New Jersey high school senior who has been diagnosed with ME/CFS. He/she will have applied to and been accepted or enrolled, full or part time, in a college (2-year or 4-year), university or an accredited technical school for the 2010-2011 school year. Eligibility is also extended to recent high school graduates who had to delay their education due to ME/CFS. Each applicant will be judged on merit, the sincerity of his/her essay and on his/her financial need.

The New Jersey CFS Association, Inc. is a non-profit organization whose purpose is to support patients and their families, disseminate reliable information and promote research into the cause and cure for ME/CFS. Our activities include sponsoring support groups, publication of a newsletter, physician and attorney referrals, a lending library, and an annual medical conference attracting leading edge researchers and clinicians.

Thank you for your assistance in making this information available to those who may qualify for this scholarship. Please feel free to duplicate all eight pages of our scholarship for your student(s). The deadline for submitting applications for consideration will be April 19, 2010. Applicants will be notified by May 17, 2010. All applications should be forwarded to:

New Jersey CFS Association, Scholarship Committee, P.O. Box, 328, Port Republic, N.J. 08241

If you have any questions or need additional information, please contact me at (609) 748-3559.

Sincerely yours,
Betty McConnell, Chairperson
NJCFSA Scholarship Committee

GENERAL INFORMATION AND INSTRUCTIONS

BACKGROUND AND PURPOSE

The purpose of the New Jersey Chronic Fatigue Syndrome Association Scholarship is to provide financial assistance to a deserving student who has Chronic Fatigue Syndrome (ME/CFS) and wants to pursue his/her educational goals in college or technical school.

AMOUNT

The New Jersey Chronic Fatigue Syndrome Association will offer a scholarship in the amount of \$1,000 to be used toward the student's tuition or other educational related expense.

JUDGING

Knowing the cognitive difficulties associated with Chronic Fatigue Syndrome, less emphasis will be placed upon grade point average and academic achievements. Each applicant will be judged on merit, the sincerity of his/her essay and on his/her financial need.

AWARDING

Applicants will be notified by May 17, 2010. Recognition of the scholarship winner will take place at his/her high school awards ceremony. Respecting the confidentiality of the applicant's medical condition, the awarding of the NJCFSA Scholarship at the applicant's high school awards ceremony is not mandatory. The applicant consents to the disclosure of his or her medical condition, if he or she is awarded the scholarship. NJCFSA is not responsible in any manner whatsoever for that disclosure. The Scholarship check will be sent directly to the college, university or technical school, to be used toward the student's tuition or other educational related expenses; or our organization will purchase educational required books or other items for the scholarship winner.

ELIGIBILITY REQUIREMENTS

1. Resident of New Jersey
2. Diagnosed with Chronic Fatigue Syndrome by a physician who followed the guidelines for the diagnosis of ME/CFS set forth in the 2006 Journal of Chronic Fatigue Syndrome.
3. A graduating senior in the class of 2010. Eligibility is also extended to recent high school graduates who had to delay continuing their education due to ME/CFS. These graduates are eligible to apply within four years of their high school graduation and are applying to a college, university or an accredited technical school for the first time.
4. Accepted or enrolled in a college, university or an accredited technical school (full or part time) for the school year 2010-2011
5. Minimum grade point average of 2.0
6. Submit a copy of your completed application package to be received by the scholarship chairperson by April 19, 2010

CRITERIA

1. An official high school transcript
2. Letter of acceptance or of enrollment in his/her college, university, or technical school
3. One letter of recommendation by a high school teacher, counselor or principal
4. Personal statement by Parent(s) or Guardian(s) in support of you and your application. This statement should also include any other financial circumstances or information deemed pertinent.
5. Completed signed and dated, Physician Diagnosis Confirmation Form pages 1 and 2. Present the form to your physician allowing ample time to be completed.

APPLICATION FORM

SECTION I—PERSONAL INFORMATION

Applicant's Name _____
Address-Street _____
City _____ State _____ Zip _____
Telephone Number _____ Sex () Female () Male
Date of Birth _____
Current Annual Income _____

Father's Name _____
Address-Street _____
City _____ State _____ Zip _____
Telephone Number _____ Occupation _____
Non-Taxable Income if applicable _____ Current Annual Income _____

Mother's Name _____
Address-Street _____
City _____ State _____ Zip _____
Telephone Number _____ Occupation _____
Non-Taxable Income if applicable _____ Current Annual Income _____

Guardian's Name (if applicable) _____
Address-Street _____
City _____ State _____ Zip _____
Telephone Number _____ Occupation _____
Non-Taxable Income if applicable _____ Current Annual Income _____

List names and ages of sisters and brothers living at home:

SECTION II—SCHOOL INFORMATION

High School Name _____
Address-Street _____
City _____ State _____ Zip _____
Telephone Number(s) _____
Date of Graduation _____ Grade Point Average _____

Note: Your High School transcript must be included with this application

SECTION II—SCHOOL INFORMATION, CONTINUED

List colleges or technical schools to which you have applied. Mark with an asterisk the school you plan to attend.

NAME

CITY & STATE

Have you applied for or been given any other scholarship aid? If so, please list who is giving you the scholarship aid and the amount.

AID GRANTED

AMOUNT

SECTION III—SIGNATURES

PARENT’S OR GUARDIAN’S SIGNATURE(S)

I certify that the financial and personal information given in this application is true.

Father_____ Date_____

Mother_____ Date_____

Guardian(s) _____ Date_____

APPLICANT’S SIGNATURE

I certify that the financial and personal information given in this application is true.

Applicant_____ Date_____

SECTION IV—ESSAY—AT LEAST 350 WORDS

The applicant must write an essay on the subject:

“What do you see as your goal for higher education or career direction and has having Chronic Fatigue Syndrome influenced your choice in any way?” (Explain)

SECTION V—FINANCIAL INFORMATION

1. Include a photocopy of parents' 2009, 1040 U.S. Income Tax Return and a photocopy of the student's 2009, 1040 EZ U.S. Income Tax Return, if applicable. **Please blank out your social security numbers as they are not needed to process your application.**
2. If applicable, report any non-taxable income such as child support payments, inheritances, etc., on the line provided in Section I—Personal Information.

This is a financial need scholarship

SECTION VI—MAILING INSTRUCTIONS

Applications must be received by the scholarship committee no later than April 19, 2010. Please furnish your completed application and all the necessary documents. Please ask your guidance counselor to add your transcript to your completed documents and to mail the complete packet to:

Scholarship, New Jersey CFS Association, Inc.
P.O. Box 328
Port Republic, N.J. 08241

Additional copies of the NJCFSA Scholarship application can be downloaded from our NJCFSA website: <http://njcfsa.org>

MANDATORY CHECK LIST

1. COMPLETED APPLICATION, SIGNED AND DATED, MUST BE RECEIVED BY SCHOLARSHIP CHAIRPERSON BY APRIL 19, 2010
2. HIGH SCHOOL TRANSCRIPT
3. PERSONAL STATEMENT BY PARENT(S) OR GUARDIAN(S)
4. PHOTOCOPY OF PARENTS' 2009 1040 INCOME TAX RETURN AND STUDENT'S 2009 1040 EZ, IF APPLICABLE
5. ESSAY, AT LEAST 350 WORDS
6. LETTER OF ACCEPTANCE OR PROOF OF ENROLLMENT IN COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL
7. ONE LETTER OF RECOMMENDATION FROM EITHER TEACHER, COUNSELOR, OR PRINCIPAL
8. COMPLETED SIGNED AND DATED PHYSICIAN DIAGNOSIS CONFIRMATION FORM PAGES 1 AND 2
9. NON-COMPLIANCE WITH ANY ONE OF STEPS 1 THROUGH 8 ABOVE WILL DISQUALIFY APPLICANT



New Jersey Chronic Fatigue Syndrome Association, Inc

HIGH SCHOOL SCHOLARSHIP APPLICATION

VERIFICATION OF CHRONIC FATIGUE SYNDROME LETTER TO PHYSICIAN

January 1, 2010

Dear Doctor,

As your patient's current treating physician, he/she is requesting your support for an application for a scholarship from the New Jersey Chronic Fatigue Syndrome Association, Inc.

The New Jersey CFS Association is dedicated both to increasing public awareness of Chronic Fatigue Syndrome (ME/CFS) and encouraging all young persons with the disease to pursue a post-secondary education. This scholarship is offered to a New Jersey high school senior who has been diagnosed with ME/CFS. Eligibility is also extended to recent high school graduates who had to delay their education due to ME/CFS. The applicant will have applied to, and been accepted or enrolled, either full or part time, in a college (2 or 4 year), university or an accredited technical school for the 2010-2011 school year.

In order to meet the criteria for the scholarship, the applicant is required to provide confirmation from his/her physician that he/she suffers from Chronic Fatigue Syndrome and fulfills the guidelines for the diagnosis of ME/CFS as set out in the 2006 Journal of Chronic Fatigue Syndrome, (also called the case definition)¹. Enclosed please find a confirmation of diagnosis form to be completed and signed. The New Jersey CFS Association Scholarship Committee is not questioning your patient's ME/CFS diagnosis, simply asking for confirmation of diagnosis, so that the scholarship is awarded to the most deserving applicant. We would welcome any comments that you wish to make at the end of the form.

The form should be returned to your patient, for inclusion with his/her application to be received by us, by April 19, 2010.

On behalf of the New Jersey CFS Association Scholarship Committee, we would like to thank you for your time and interest in supporting your patient's application. If you have any questions, please call me at (609) 748-3559.

Betty McConnell, Chairperson
NJCFSA, Scholarship committee

1. Jason LA, Jordan K, et al. A Pediatric Case Definition for Myalgic Encephalomyelitis and Chronic Fatigue Syndrome, *J. CFS* 2006;13 (2/3):1-28.

**NEW JERSEY CHRONIC FATIGUE SYNDROME ASSOCIATION
SCHOLARSHIP APPLICATION 2010
PHYSICIAN FORM**

Name of applicant _____ Sex. M () F () D.O.B. _____

Diagnosis Confirmation Form

NJCFSA Privacy Policy: The Information on this checklist will be available only to the Scholarship committee for the purpose of verifying eligibility for the scholarship.

Does your patient fulfill the guidelines for the diagnosis of Chronic Fatigue Syndrome (ME/CFS) as set out in the 2006 Journal of Chronic Fatigue Syndrome (1), by exhibiting the following symptoms?

1. Does your patient have severe unexplained and persistent chronic fatigue that has lasted for 3 months or longer duration with other known medical conditions excluded by clinical diagnosis and laboratory tests? Yes [] No []
2. Does your patient have post-exertional malaise that causes an inappropriate loss of physical and or mental stamina often taking 24 hours or longer to recover? Yes [] No []
3. Does your patient have unrefreshing sleep, insomnia at night or daytime hypersomnia? Yes [] No []
4. Does your patient have pain that is often widespread and migratory in nature? Yes [] No []
5. Does your patient have myofascial and/or joint pain without swelling or redness? Yes [] No []
6. Does your patient have headaches of new type, pattern or severity? Yes [] No []
7. Does your patient have abdominal pain or nausea? Yes [] No []
8. Does your patient have symptoms of orthostatic intolerance such as neurally mediated hypotension (NMH) or postural orthostatic tachycardia syndrome (POTS)? Yes [] No []
9. Does your patient have any of the following neurocognitive problems?
 - a. impairment of concentration? Yes [] No []
 - b. short term memory problems? Yes [] No []
 - c. difficulty processing information? Yes [] No []
 - d. inability to focus vision? Yes [] No []
 - e. hypersensitivity to noise? Yes [] No []
10. Does your patient have any of the following symptoms?
 - a. subnormal body temperatures? Yes [] No []
 - b. intolerance of extremes of heat or cold? Yes [] No []
 - c. feelings of feverishness? Yes [] No []
 - d. weight changes? Yes [] No []
11. Does your patient have any of the following symptoms?
 - a. lymph nodes which are painful to touch? Yes [] No []
 - b. recurrent sore throats? Yes [] No []
 - c. recurrent flu-like symptoms? Yes [] No []
 - d. new sensitivities to foods or medications? Yes [] No []

12. Has your patient been ruled out for the following diseases?

Untreated hypothyroidism	Yes [] No []	Sleep apnea	Yes [] No []
Narcolepsy	Yes [] No []	Malignancies	Yes [] No []
Leukemia	Yes [] No []	Unresolved hepatitis	Yes [] No []
Multiple Sclerosis	Yes [] No []	Juvenile rheumatoid arthritis	Yes [] No []
Lupus erythematosus	Yes [] No []	HIV/AIDS	Yes [] No []
Lyme disease	Yes [] No []	Celiac disease	Yes [] No []
Severe obesity	Yes [] No []		

Since our committee relies upon your opinions for our selection, would you please answer the following questions?

At the present time, what best describes your patient’s ability to participate in school?

- ___ Full time student with no restrictions
- ___ Full time student with schedule modifications
- ___ Part time student supplemented with home instruction
- ___ Home bound student with complete home instruction

In your professional opinion, is your patient physically and cognitively capable of completing college or technical school?

___ Yes ___ No

This patient (named) _____ has been my patient for ___ years ___ months.

In my opinion he/she is suffering from Chronic Fatigue Syndrome. Through careful history, physician exam and laboratory studies, I have found no other fatiguing illness, which would explain his/her symptoms.

Signed _____ M. D. License # _____

Printed Name _____ Date _____

Telephone _____ Specialty _____

Address _____

Comments from physician: _____

1. Jason LA, Jordan K, et al. A Pediatric Case Definition for Myalgic Encephalomyelitis and Chronic Fatigue Syndrome. *J. CFS* 2006;13 (2/3):1-28.