



The Crocker Barker CHARGE Sibling Scholarship

About the Program:

Siblings of individuals with CHARGE often have to take a back seat while their sibling's medical appointments, therapies, etc. are taken care of. We want to show our support for the siblings of individuals with CHARGE. The Crocker Barker CHARGE Sibling Scholarship was created, thanks to a generous donation from the Barker Family, to help siblings of individuals with CHARGE syndrome attend post high school education - including trade school, community college, or university. Scholarship awards start at \$2,000 and are given based on demonstrated financial need. This is a one-time only award payable to the post-secondary educational institution of the recipient's choice.

Requirements:

1. Applicant must be enrolled at least part time in post high school education.
2. Applicant must show financial need by providing the front page of the family's tax return.
3. Recipients must reside in the USA or Canada.
4. There is a 2.5 minimum GPA requirement.
5. The award will be to help pay for tuition, fees and/or books..
6. Must submit proof of registration or acceptance to post-secondary schooling.
7. Open to graduating high school seniors or students already enrolled in post high school educational programs.
8. The family of the sibling must be registered with the Foundation. There is no cost to register. If not registered with the Foundation, please have the family [click here](#). If uncertain if the sibling's family is registered, please email us at info@chargesyndrome.org.

Approval Process:

*Please complete this online application by June 15, 2021 (online application requires a Google account).

*Applicants will be notified of approval or denial by July 15, 2021. Award recipients will be announced on Friday, July 16 at the opening night of "The Show Must CHARGE OnLine 2021" virtual symposium.

*Awards will be determined based on a combination of financial need, GPA, and essay. All information will be kept confidential.

* Funds will be paid directly to the school/institution the awardee is attending in US Dollars.

Questions: Please e-mail info@chargesyndrome.org

Submit hard copy application by June 15, 2021 to info@chargesyndrome.org.



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Scholarship Application

Sibling Information:

First and last name of sibling: _____

Mailing address: _____

City, state, & zip code: _____

Email address: _____

Phone number: _____

Age: _____

Family Information:

First and last name of parent/guardian: _____

Mailing address of parent/guardian if different from above:

City, state, & zip code of parent/guardian if different from above:

Parent/Guardian email address: _____

Name of individual with CHARGE: _____

Age of individual with CHARGE: _____

Total number of family members: _____

Institution you are/will be attending:

Name of institution: _____

Mailing address of institution: _____

City, state, & zip of institution: _____

Phone number or e-mail address of student accounts department:

Start date: _____

Tuition due date: _____

What do you plan to study?: _____



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Why would this scholarship be helpful to you? _____

Required documents to include with application:

- Essay:** What impact has your brother/sister with CHARGE Syndrome had on your life? What has he/she taught you? (500 words or less)
- Transcript:** Include your most recent transcript.
- Tax Return:** Include the front page of your family's most recent tax return (please black out your social security #)
- Proof of Acceptance:** Include proof of registration or acceptance to post-secondary schooling.

Acknowledgement:

I hereby affirm that the information I provided within this Application Form is true and accurate to the best of my knowledge. I understand that failure to disclose full details or falsifying information could invalidate my Application.

The CHARGE Syndrome Foundation's ("The Foundation") sole obligation is to fund the amount approved upon receipt of the required documentation.

If I receive a scholarship, I give my permission for my name and/or photo to be included in The Foundation's website, social media, presentations, and publications. I also agree to provide feedback to the Foundation about how the scholarship impacted my opportunity for post-secondary education.

I waive any right or cause of action, of any kind whatsoever, arising as a result of my participation in this scholarship program from which any liability may or could accrue to The Foundation, its directors, members, officers, employees, volunteers, and agents.

Signature: _____

Date: _____

Note: The scholarship recipient is responsible for notifying the CHARGE Syndrome Foundation of any changes to the above information. All information submitted will be kept confidential.