

Avery's Angels Gastroschisis
Roman Jax Nguyen Scholarship

- DEADLINE for scholarship applications is Friday, May 10, 2015, 5:00 p.m. (no exceptions)
- Refer to criteria below for eligibility requirements.
- Refer to application process below for a list of the supporting documents needed. Incomplete applications will not be considered.
- If any question does not apply to you in this application please put N/A in the space.
- You will be notified in July 2015 regarding the status of your application.
- If you have any questions about the application, please email autumn@averysangels.org

Note: Scholarship funds will be awarded to the student upon evidence of registration in an accredited institution, completion of the first semester or quarter and enrollment in second semester or quarter. Funds awarded are paid directly to the student's current institution.

Purpose: Thank you for your interest in the Roman Jax Nguyen Scholarship. This scholarship was established to honor our dear son, Roman, who passed away on December 19, 2011. Roman was stillborn at 37 weeks due to gastroschisis. We felt blessed to have the opportunity to anticipate his arrival—we had been told that we had only a slim chance of conceiving a baby on our own—so when we lost Roman we were heart broken. Avery's Angels has been a tremendous support to us throughout this process, and through AAGF, we have met many gastroschisis families and survivor children. This scholarship will honor Roman and keep his memory alive by helping to provide a gastroschisis survivor, a volunteer working in gastroschisis patient support and advocacy, or a student studying gastroschisis with tuition funding for higher education. Our goal is for this scholarship to spread gastroschisis awareness, allowing us to come together and make a difference, working together for a breakthrough in gastroschisis research and treatment.

Award Components: One \$500 scholarship awarded to one selected by the Avery's Angels Gastroschisis Foundation and the Roman Jax Nguyen Scholarship Committee.

Criteria:

- GPA 3.0 or above
- Enrolled in minimum of 2 classes
- Fall under at least one of the following guidelines:
- Gastroschisis Survivor
- Avery's Angels Gastroschisis Foundation Volunteer
- Attending school to Research topics directly related to Gastroschisis

Application Process, Applicant must submit the following items:

- Completed application form (must be typed)
- Letters of recommendation from 2 members of your community.
- Most recent transcript with cumulative grade point average.
- Personal Statement consisting of 800 words.

Deadline for the application is **Friday, May 10, 2015**. Applications sent after this date will not be considered.

Please email completed application to autumn@averysangels.org

**Avery's Angel Gastroschisis Foundation
Roman Jax NguyenScholarship**

Please fill out completely					
1	Last Name: _____	First Name: _____			
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____				
3	Daytime Telephone Number: () _____				
4	Date of Birth: Month Day Year				
5	Educational Institution: _____			Number of years attended: _____	
6	I will be attending the following school in the <u>Fall of 2015</u> : _____				
<i>Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.</i>					
7.	I will be entering the above-mentioned school as a:				
8.	Grade Point Average (GPA): _____ (On a 4.0 scale) <i>Attach proof of GPA, your most recent school transcript required.</i>				
10	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____				
11.	List the name of any other high school(s) or college(s) you have attended.	Year Began	Year Ended	Year Graduated <i>(If applicable)</i>	Type of Degree Received <i>(If applicable)</i>
	A.				
	B.				
	C.				
12	What do you plan to major in as you continue your education?				

13.	List volunteer activities which you have been involved.			
	Organization		Activity	Dates of Involvement
	1.			
	2.			
	3.			
14.	Briefly describe your participation.			
15.	High School Extracurricular Activities Organization		Position	Dates of Involvement
	A.			
	B.			
	C.			
16	Briefly describe your position			
17.	List honors or academic awards received			
	Award/Honor	Institution/Organization	Date	
18.	<p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will be returned to you if these items are not attached. (No exceptions.)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p>			
	YES	NO	Completed Application	
	YES	NO	Letter of application addressed to the Scholarship Committee. The letter should contain a brief explanation of career goals and biographical (background) information.	
	YES	NO	Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for receipt of funds.	
	YES	NO	Most recent transcript. Unofficial transcripts are <u>acceptable</u> for the application.	
	YES	NO	Personal Statement. 800 words	

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STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program.

I hereby understand that if chosen as a scholarship winner, according to Avery's Angels Gastroschisis Foundation policy, I must provide evidence of enrollment/registration at the institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

REMEMBER

The deadline for this application to be received by the Committee is **May 10, 2015, 5:00 p.m.**

No exceptions!