



CHERYL A. FREDERICKS
MEMORIAL SCHOLARSHIP FUND

CHERYL A. FREDERICKS EDUCATIONAL SCHOLARSHIP

The Cheryl A. Fredericks Educational Scholarship Fund will award two scholarships annually to two students, either living with cystic fibrosis or a sibling of a person with cystic fibrosis.

The first scholarship will be awarded to a student majoring in Special Education.

The second Scholarship will be awarded to a student majoring in any field of study.

The Cheryl A. Fredericks Educational Scholarship was established to honor the memory of a wonderful young woman who never let cystic fibrosis stop her from living her life. Cheryl knew at a very young age that she would be an educator and a protector of the needy.

Cheryl's battle with cystic fibrosis gave her the compassion and understanding that enabled her to reach out to anyone with a disability and offer hope and assurance. She attended college where she majored in Psychology and Special Education. Having graduated with honors, she taught children with learning challenges. Ever striving to help children, she opened her own tutoring center in the evenings. Cheryl never, ever gave up her quest to help as many children as she could.

We are looking for two students with similar values and determination.

Amount: Two \$2,000 scholarships

Deadline: March 31, 2014

Requirements: Must be undergraduate or graduate student who has cystic fibrosis or a sibling of a person with cystic fibrosis. The scholarship committee will select finalists. The award recipient will be chosen by a majority vote.



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Applicants are required to provide all of the following documents in order to be considered:

- Application
- Essay
- Recent photo
- Letter from physician (on letterhead) confirming CF diagnosis
- Transcript (high school, college and/or graduate school)
- Letter of acceptance from academic institution
- Detailed breakdown of tuition costs from academic institution
- W2 form for both parents

Return completed application to: Cheryl A. Fredericks Educational Scholarship Fund
New Jersey State Organization of Cystic Fibrosis
137 Union Boulevard
Totowa, NJ 07512

Email questions to: das@njsocf.org

Telephone: 973-595-1232

Application: [Click here to download](#)



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Personal Information

Last Name First Name M.I.

Address Street City State Zip email

CF Center College Attending/Will Attend

Preferred Contact # Date of Birth/Age Male/Female

Country of Citizenship Social Security Number

Have you even been convicted of a crime? If yes, explain on separate page

Family Information

Father's name Mother's name

Father's profession Mother's profession

Number of siblings Numbers of siblings w/CF Siblings' ages

Have you applied for a CAF scholarship before? Yes___ No___

Did you receive one? Yes___ No___

Education Information

Name of High School attended City State Overall G.P.A. Rank in Class

Name of Undergraduate College City State Overall G.P.A. Rank in Class

Name of Graduate College City State Overall G.P.A. Rank in Class



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On a separate sheet of paper, please list:

All activities you have participated in school (including sports/club sports)

Activity	Number of Yrs.	Awards/Honors	Offices Held

All community activities in which you have participated without pay (civic involvement, volunteer work, etc.)

Organization	Number of Yrs.	Awards/Honors	Describe Involvement

History of employment

Company	Position	Dates	Average hrs./week	Salary

Essay Topic (2 parts)

- How would you describe yourself as a human being? What quality do you like best in yourself and what do you like least?
- Discuss your post graduate goals.

(Limit essay to 2 pages double spaced)

Applicants must provide **ALL** of the following.

Incomplete applications will **NOT** be considered.

Please check to ensure you send the application in its entirety.

- ✓ Completed and signed application
- ✓ Recent photo of the applicant for identification purposes
- ✓ Letter from your doctor confirming diagnosis of cystic fibrosis and a list of daily medication routine
- ✓ Two-part essay
- ✓ An official or unofficial high school/college transcript
- ✓ Tuition breakdown (including housing, dining, etc.)
- ✓ W2 Form for verification for both parents

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the rescission of any grant offered to me. BEF may verify and all of my application materials.

Date: _____

Applicant's signature: _____

CHECK WEBSITE FOR APPLICATION DEADLINE

Please mail completed form to:

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New Jersey State Organization of Cystic Fibrosis
137 Union Boulevard
Totowa, NJ 07512