



Award for Collegiate Education Scholarship

Shire ACES Scholarship Program

- Please print or type all information.
- All data you submit in support of this application will become the property of Scholarship Managers.
- Please complete and submit your high school/GED information even if you are currently enrolled in college.
- You must submit a transcript or copy of your high school grades or a GED transcript, and a recommendation from a teacher, guidance counselor, or college professor. These documents may be in separate and sealed envelopes but they must be submitted along with this application.

1. APPLICANT INFORMATION:

Ms. Mr. Home Tel # () -

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ ZIP Code _____ - _____

Email _____

2. HIGH SCHOOL INFORMATION: (If you are a GED recipient, skip to section 3.)

Non-Weighted Cumulative GPA (on a 4.0 basis). Please convert from numerical or letter grades. .

College Board Code # (Obtain from guidance office) Graduation Date: Month Year

Name _____

Street Address _____ Tel # () -

City _____ State _____ ZIP Code _____ - _____

Principal's Name _____ Email _____

3. HIGH SCHOOL AND COMMUNITY ACTIVITIES (Please list up to 20 of your most meaningful school or community activities you have participated in, or awards you have received, over the past 4 years.): **IF MORE SPACE IS NEEDED PLEASE DUPLICATE THIS PAGE. RESUMES OR ANY OTHER FORMAT WILL NOT BE ACCEPTED.**

Activity/Awards/Offices Held	From mo/yr	To mo/yr	hr per wk	Activity/Awards/Offices Held	From mo/yr	To mo/yr	hr per wk

If you are currently enrolled in an accredited college/university (undergraduate) or vocational school, please also complete sections 4 and 5.

4. US COLLEGE/VOCATIONAL SCHOOL INFORMATION:

Cumulative GPA, if applicable (on a 4.0 basis). This must be converted from numerical or letter grades. .

Please list the undergraduate US college/school you attend or the college(s)/school(s) where you have applied.

Name _____ City _____ State _____ ZIP Code _____ - _____

Name _____ City _____ State _____ ZIP Code _____ - _____

Major _____ Graduation Date: Month Year Degree AA BA BS

5. US COLLEGE/VOCATIONAL SCHOOL AND COMMUNITY ACTIVITIES (Please list up to 20 of the most meaningful school or community activities you have participated in, or awards you have received, over the past 4 years.): **IF MORE SPACE IS NEEDED PLEASE DUPLICATE THIS PAGE. RESUMES OR ANY OTHER FORMAT WILL NOT BE ACCEPTED.**

Activity/Awards/Offices Held	From mo/yr	To mo/yr	hr per wk	Activity/Awards/Offices Held	From mo/yr	To mo/yr	hr per wk

6. WORK EXPERIENCE, FULL- OR PART-TIME (during the last 4 years only): **IF MORE SPACE IS NEEDED PLEASE DUPLICATE THIS PAGE. RESUMES OR ANY OTHER FORMAT WILL NOT BE ACCEPTED.**

Position	From mo/yr	To mo/yr	hr per wk	Position	From mo/yr	To mo/yr	hr per wk

7. TRANSCRIPT AND RECOMMENDATION: You must submit a transcript or copy of your high school grades (unofficial transcripts are acceptable) or a GED transcript. The transcript and recommendation may be in sealed and separate envelopes but they must be submitted with this application.

8. PERSONAL STATEMENT: We recognize the impact a rare disease can have on your life. The Shire ACES scholarship will take into consideration not only your academic achievements but also how you have overcome challenges. In 1000 words or less, please describe an instance in which you have had a chance to overcome a barrier or challenge presented by your rare disease, or had a chance to shine despite these challenges. Your essay should be 1000 words or less, type-written or computer-generated, double-spaced, and stapled to this application. Please place your name on the upper right-hand corner of each page of the essay.

9. IMPACT STATEMENT (OPTIONAL): Rare disease patients often miss school or work or have limitations regarding activities in which they can participate. Please feel free to write an OPTIONAL impact statement (300 words or less) telling us about any disease related complications such as missing school, work, or participation in extracurricular activities, that impacted your achievements. This statement is optional, and should describe complications such as hospital stays, doctor visits, or limitations you experience due to living with a rare disorder that have an impact on your academic or personal achievements

10. PHYSICIAN LETTER: You must include a letter from your treating physician, with his or her signature and NPI Number, confirming your diagnosis with the specified eligible rare disease. The NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). To qualify for the award, you will need to provide appropriate permission for Shire and Scholarship Managers to confirm your diagnosis with your treating physician.

11. AFFIDAVIT: The signature below affirms that (1) I am a US citizen and/or legal and permanent resident of the US; (2) I am not a Shire employee or an immediate family member of a Shire employee; and (3) all the information provided in this application and supporting documents is true and complete to the best of my knowledge and none of the information provided, including in my personal statement, infringes the rights of any third party. If requested, I will provide proof. Failure to provide this proof shall invalidate this application and result in termination of any aid granted.

Signature of applicant _____
Date

Signature of parent or guardian (if applicant is less than 18 years of age) _____
Date

Your request for aid becomes valid ONLY when this application and all supporting documents are submitted together to:



ACES Scholarship Program
ScholarshipManagers
PO Box 2810
Cherry Hill, NJ 08034

Postmarked no later than March 15, 2019

The form and format of this application are protected by copyright. It is the sole possession of Scholarship Managers (SM). Please direct all inquiries to the address above, or call (856) 616-9311, fax (856) 616-9711, or email scholarshipmanagers@scholarshipmanagers.com.

