



### ***Sonoran Spine Foundation Scholarship***

This scholarship is intended for students who are involved with their community and/or schools and have overcome obstacles in their life presented by a spinal deformity. The Sonoran Spine Research and Education Foundation (SSREF) is an independent, non-profit organization founded in 2000 for three specific purposes:

The SSREF Board of Directors is committed to supporting college scholarships annually to students with spinal deformities. This scholarship is made possible by donations received from the general public, patients and vendors who work with Dr. Dennis G. Crandall through research to improve options for treatment available to persons with spinal deformities and injuries.

Amount awarded is approximately \$1,000.

#### **Scholarship Criteria:**

To qualify for the *Sonoran Spine Foundation Scholarship*, applicants must:

- Have a diagnosed spinal deformity (scoliosis, kyphosis)
- Provide a physician's statement of medical diagnosis on physician's letterhead
- Be enrolled full-time at ASU, NAU, or UofA
- Have demonstrated the following: involvement with the community, school and financial need
- Be an undergraduate or graduate student of any major

#### **Scholarship Submission:**

Complete scholarship applications should be emailed to the representative below:

ASU Foundation  
Monica Petersen, Donor Relations & Scholarship Coordinator  
PO Box 2260  
Tempe, AZ 85280-2260  
[Monica.Petersen@asu.edu](mailto:Monica.Petersen@asu.edu)

**All Applications need to email by April 1, 2017 at 11:59pm.**



**Application Materials**

The completed application package must include:

Name:		Email:	
Street:		Phone:	
City:	State:	Zip:	
Student ID (10-Digit):		Hours Completed:	
Major 1:	Major 2 (if applicable):	Certificate/minor:	
Cumulative GPA		Graduate or Undergraduate (Circle One)	

1. A typewritten statement (1-2 pages, double-spaced) describing:
  - a. Medical history regarding your spinal deformity.
  - b. How obstacles presented by the spinal deformity have been overcome.
  - c. How this scholarship will assist in achieving your education and career goals.
2. Activities/Honors: Attach a separate sheet listing extracurricular activities, honors, employment, and volunteer/community service (include years of involvement).
3. Diagnosis: Provide a physician statement (on letterhead) of medical diagnosis.
4. Financial Need: A copy of FAFSA.

**Please sign below:**

- I certify that the information being provided to the scholarship committee is accurate and I understand that misrepresentation of any facts or details could result in ineligibility for this award.
- I understand that failure to sign this document or failure to submit the required materials will result in my ineligibility to receive this award.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_