

Minnesota PKU Foundation



Ron and Bobbe Daggett PKU Scholarship Guidelines & Procedures

Ron and Bobbe Daggett have elected to award a scholarship for education to qualified individuals with PKU. They are awarding a Minnesota child with PKU a \$500.00 scholarship, who resides in Minnesota, and who is currently a patient at the University of Minnesota Masonic Children's Hospital PKU Clinic and is enrolled in an accredited college, university, or vocational school in the fall of the upcoming year. A student may apply only once during his/her senior year of High School.

Guidelines:

The applicant must submit a complete application and,

- Show proof that he/she will be enrolled in classes during the school year for which the scholarship is being awarded
- Have been diagnosed with PKU
- Show proof of primary residence in Minnesota (copy of Driver's License or school ID)
- Submit a short essay: Answer the provided questions
- Will apply scholarship funds to College/University/Vocational school expenses (i.e. course fees, textbooks, room & board)

Procedures:

An application should be obtained via:

- Our website-www.mnpku.org
- Applicants should mail their completed applications to:
 - Ron and Bobbe Daggett MN PKU Scholarship
 - 8575 Oakhill Circle
 - Prior Lake, MN 55372

- The application must be completed and mailed/postmarked by April 15th of their senior year
- The application will be reviewed by Ron and Bobbe Daggett
- The winner of the scholarship will be notified by May 15th of their senior year of High School

MN PKU Foundation
Ron and Bobbe Daggett Scholarship Application

Please complete ALL information requested (Print clearly or Type)
Completed form is to be mailed by April 15th to:

Ron and Bobbe Daggett MN PKU Scholarship
8575 Oakhill Circle
Prior Lake, MN 55372

APPLICANT DATA:

Name: _____
(First, Middle, Last)

Birth Date: _____

Permanent Mailing Address: Street: _____

City: _____

State: _____

Zip: _____

Contact Telephone Number: (____) _____
(Area Code)

Email Address: _____

The undersigned hereby acknowledges that the prescribed criteria for eligibility for award of scholarship funds of the Ron and Bobbe Daggett/MN PKU Scholarship have been met, and that the information provided within this application is correct.

Applicant Signature: _____

COLLEGE/UNIVERSITY/VOCATIONAL INSTITUTION DATA:

Name of Institution: _____

Address of Institution: _____
(City, State and Zip)

Month and Year of first semester attending: _____

UNIVERSITY OF MINNESOTA MASONIC CHILDREN'S HOSPITAL

Jenny Jacobson Registered Dietitian at the University of Minnesota Masonic Children's Hospital (jjacob30@fairview.org) will then confirm that the applicant is a patient at the MN PKU Clinic at the University of Minnesota Masonic Children's Hospital.

Institution: UNIVERSITY OF MINNESOTA MASONIC CHILDREN'S HOSPITAL/PKU CLINIC

Dietitian Signature: _____

Date: _____

PERSONAL ESSAY:

Include a short essay describing yourself, your experience with PKU, and your future aspirations.

Please try and address these questions:

1. How has PKU affected you, your family and others?
2. Tell us about your successes with PKU?
3. What are some challenges you have faced with PKU?
4. How has having PKU prepared you for college?
5. What are your hopes for your future?

PLEASE MAIL THIS APPLICATION TO RON AND BOBBE DAGGETT (see address listed above). Any questions regarding the application of the above guidelines in a particular case will be conclusively decided by the scholarship sponsors. Thank you.

