The MAGIC Foundation
Scholarship Application Information/Guidelines

DESCRIPTION: The MAGIC Foundation is a national non-profit organization that is proud to offer two scholarships per year to qualified students whom have had a documented growth disorder. It is our sincere hope that this will help students grow academically strong as they reach their career goals. We hope to recognize, support and award the further education of children with growth disorders. The scholarships will be in the amount of five hundred dollars ($500.00) per student for each school year, pending available funds.

ELIGIBILITY: The scholarships are open to any High School Senior and undergraduate students who have been diagnosed with a growth disorder. The family of the student must be an active member of The MAGIC Foundation at the time of the application.

STUDENT OBLIGATION: There is no legal obligation that compels a student to repay this scholarship. However, we hope that enough students will voluntarily contribute to this fund when they are successful so that other MAGIC students may receive at least the same opportunity in return.

PROCEDURES: Applications must be returned to the Foundation by May 31st of each year. An Independent Judge (person not associated with MAGIC via membership or affected family member) will select finalists from applications received. ONLY finalists will be notified. Notification will be sent no later than July 30th.

GENERAL INFORMATION: The scholarships are to be applied toward educational costs at an accredited College, University and/or approved Vocational Trade School. Funds are to be used at the discretion of the recipients (i.e. tuition, room and board, books, etc.). Recipients of the scholarship will have their name, school they will be attending and a brief biography published in The MAGIC Touch newsletter. The scholarships are not renewable. However, applicants may apply again and if funds are available, will be considered for another scholarship. No person involved in The MAGIC Foundation’s Scholarship process shall make judgment based upon race, religion or sex of the applicant.

REQUIREMENTS:
1. Documentation of a growth disorder, via a physician's letter on letterhead
2. Proof of College or Trade School acceptance
3. One personal reference from someone who has known the applicant for at least 2 years
4. 500 word essay, typed or legibly written, selected from one of the “Essay Topics” listed below
5. One recent photo
6. Completed Scholarship Application

ESSAY TOPICS:
What MAGIC Means to Me
How I Became Involved in MAGIC
How MAGIC Can Benefit Other Kids Like Me

All requirements must be submitted to MAGIC at the following address, prior to consideration:

The MAGIC Foundation
4200 Cantera Drive
Suite #106
Warrenville, IL 60555-3040

*NOTE: All applications will be judged through an independent source not affiliated with MAGIC.
The MAGIC Foundation
Scholarship Application

Applicant’s Name: ___________________________ Phone Number: ________________________
Address: ___________________________ City: ___________________ ST: _______ Zip: _______
Date of Birth: _____ / _____ / _____ Social Security Number: _______ - _______ - _______
Type of Growth Disorder/Diagnosis: ___________________________________________________

Name of current High School, College or Trade School: ______________________________________
Address: ___________________________________________ Phone Number: ___________________
List Extracurricular Activities and/or Club Associations: ______________________________________

What are your Career Goals? ______________________________________________________________________
Other Awards/Scholarships Received (include names, phone numbers and amounts. Use back if additional space is needed): ________________________________________________________________

How did you hear about this Scholarship? _______________________________________________________
List which School you plan to attend: ___________________________________________________________

By signing this application, you agree to and acknowledge the following:
☐ All information provided on or attached with the Application is accurate and true.
☐ Recipients will provide MAGIC with information appropriate for publication in The MAGIC Touch newsletter within 4 weeks of scholarship notification.
☐ Verification of all records as stipulated in this Application.

Signature of Student: ___________________________ Date: ___________________________
Signature of Parent: ___________________________ Date: ___________________________

Send completed Application to:

The MAGIC Foundation
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**Applications are not complete without all items listed as “REQUIREMENTS” in The MAGIC Foundation Scholarship Application Information/Guidelines.**

Office Use Only: Date Received ________________________ Date Notification Mailed: ____________________