


GREAT LAKES
HEMOPHILIA
FOUNDATION
 TODAY'S CARE, TOMORROW'S CURE.

2009 NHF ANNUAL MEETING SCHOLARSHIP PROGRAM

Please TYPE or PRINT
Only completed applications will be reviewed.

I. PERSONAL INFORMATION:

1. Name: _____

2. Address: _____ City: _____ State: _____ Zip Code: _____

3. Phone () _____ 4. Date of Birth / / _____

5. Race/Ethnicity: African American Native American Arab American
 (for record keeping only) Asian Caucasian Hispanic
 Other: _____

6. Social Security Number: _____ - _____ - _____
 (for tax reporting purposes)

7. Number of individuals in your household with a bleeding disorder. Adults _____ Children: _____

8. Type of Bleeding Disorder in your family (circle and/or describe):

a). Hemophilia: A B
 Severity: Mild Moderate Severe Inhibitor

b). Other factor deficiency: _____

c). von Willebrand disease, type: _____

d). Other bleeding disorder: _____

9. Please provide the following information for each person in your family with a bleeding disorder.

Name:	Birthdate:	Diagnosis: (PLEASE PROVIDE DIAGNOSIS & SEVERITY)
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. MEETING ATTENDANCE INFORMATION:

1. Have you attended a National Hemophilia Foundation Annual Meeting? Yes (Go to #2) No (Go to Section III)

2. Please list the National Hemophilia Foundation Annual Meetings you have attended:

Location of Meeting:	Year Attended:

3. Did you receive financial assistance from GLHF to help with the cost of attending any of the meetings listed above?

Yes Please explain (include dates of assistance): _____ No

III. FINANCIAL INFORMATION: This information will help us estimate your/your family's level of financial need.

1. How much assistance are you seeking from GLHF to attend the 2009 NHF Annual Meeting (Maximum \$1000)?
 - Hotel \$ _____ Airfare \$ _____
 - Additional \$500 for family member Name _____ Relationship _____
2. Please check the statement that applies, and fill in the information requested.
 - I am: supporting myself. My annual income is _____.
 - supporting, or helping to support, my family. The annual family income is _____; family size is _____.
3. What are your annual out-of-pocket expenses for the treatment and care of the individual(s) with a bleeding disorder?
 - Factor: _____ Insurance Premiums: _____
 - Medications: _____ Other: _____
4. Please identify any extenuating financial circumstances that may further explain your financial situation.

IV. SUPPORTING MATERIAL:

1. Please list any current or past volunteer experiences with the bleeding disorders community and any other group:

Volunteer/Community Service Activity:	Dates Participated:

2. Please list any special recognition/awards you have received:

Recognition Award:	Date Received:

3. NARRATIVE:

***New Attendees:** On a separate sheet of paper please answer the following questions: 1. How will you or your family benefit from attending the national meeting? 2. What has been the impact of a bleeding disorder on you and your family? 3. How will you bring back what you learn at the annual meeting to the rest of the bleeding disorder community?

***Past Attendees:** On a separate sheet of paper please answer the following questions: 1. How has past attendance of the national meeting benefited you and/or your family? 2. How did you bring the information gained at the national meeting back to the bleeding disorders community? 3. What benefit do you expect from repeat attendance of the annual meeting?

V. DECLARATION OF APPLICANT

1. I understand that The Great Lakes Hemophilia Foundation will support a maximum of two individuals from a single family through the NHF Annual Meeting Scholarship Program. I am requesting scholarship funds for the following people.

1. <u>Name</u>	<u>Birth Date</u>	<u>Bleeding Disorder</u>
_____	_____	_____
2. <u>Name</u>	<u>Birth Date</u>	<u>Bleeding Disorder</u>
_____	_____	_____

2. I understand that this is an educational as well as a networking opportunity. If I receive the NHF Annual Meeting Scholarship I will take full advantage of my time at the National Hemophilia Foundation Annual Meeting by attending all pertinent sessions and workshops.

3. I understand that recipients of the NHF Annual Meeting Scholarship will be asked by the Great Lakes Hemophilia Foundation to share their experiences from the NHF Annual Meeting with the Wisconsin bleeding disorders community. The Foundation may ask recipients to write brief editorials for "Headline News" or the "GLHF News Brief," present an overview of the meeting to the Board of Directors or do a presentation at the annual family retreat (ACCESS WI).

4. I, _____, certify that the information I have submitted is true and accurate to the best of my knowledge. In the event that there is a change in any of the information presented in the application, I will promptly notify the Great Lakes Hemophilia Foundation.

5. In the event that I am awarded the Consumer Development Scholarship, I am/ am not willing to allow the Great Lakes Hemophilia Foundation to use my name in publicity or promotion of the program. (Your answer to this question will have no impact on eligibility or award.)

*** Please read the application carefully and complete all sections. Only completed applications will be considered.**

Signature: _____ Date: _____

Please send in completed applications to: **Great Lakes Hemophilia Foundation
Attn: Scholarship Program
638 North 18th Street, Suite 108
Milwaukee, WI 53233**

Application Deadline: June 30, 2009