



EDUCATION SCHOLARSHIP PROGRAM

Please TYPE in form boxes and thoroughly complete each question.
Applications from previous years will not be referenced.

PART I: PERSONAL INFORMATION

1. Name:
2. Address:
3. City: State: Zip:
4. Phone Number: Email:
5. Date of Birth:
6. Social Security Number (For tax reporting purposes):

PART II: BLEEDING DISORDER INFORMATION

1. Do you have a bleeding disorder? Yes No
If YES, type and severity
2. Do others in your immediate family have a bleeding disorder? Yes No
If YES, what is their relationship to you?
3. Hematologist:
Hemophilia Treatment Center:
4. Describe how having a bleeding disorder influences your life or the life of your family (if you are not the person with the disorder).

PART III: EDUCATION INFORMATION

1. High School Graduation Date _____, or GED received _____.

2. State the post-high school education or training programs you have completed:

School/Program Attended	Dates Attended	Degree/Certificate

3. Intended college, university, trade or technical school

Name:

Address:

Program of Study:

4. Are you currently enrolled in this program? Yes No
 If NO, have you applied? Yes No
 Have you been accepted? Yes No (If No, go to number 5)
 Date you will begin: _____

5. If you have yet to be accepted into this program, when will a decision be made?

PART IV: EMPLOYMENT & FINANCIAL INFORMATION

1. List your two most recent employment experiences

Employer	Responsibilities	Dates Employed	Hours Worked/Week

2. What is the anticipated cost per semester?

Tuition: _____ Books: _____ Living Expenses: _____

3. What is your personal financial contribution to your education?

4. What is your parents' financial contribution to your education?

5. How much assistance are you seeking from the Great Lakes Hemophilia Foundation?

6. Have you applied or will you be receiving a scholarship from another state or hemophilia organization?
 Yes No If yes, dollar amount: _____

7. Have you applied for other forms of financial aid for your education?
 Yes (Go to 7a) No (Go to 7b)

7a. if yes, please complete the chart below.

Award type:	Amt. of award	Did you re-apply for this award?	Has this award been granted for '10-'11?	Amt. of award approved?
University scholarships:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Work study funds:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Other scholarships:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Student loans:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Bank loans:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Grants:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
	Total:			Total:

7b. If you have not applied for other forms of aid please thoroughly explain

8. Please indicate any other source of aid that will be used to support your education (i.e. trust fund, inheritance, etc.).

9. What are your/your family's annual out-of-pocket expenses for the treatment and care of the individual(s) with a bleeding disorder?

Name of Individual with Bleeding Disorder	Insurance Premiums (monthly)	Medication co-pays related to bleeding disorder (monthly)	Other (Medical Apt., hospitalizations, etc.)

10. Please check the statement that applies, and fill in the information requested. This information will help us estimate your/your family's level of financial need.

- I am: being claimed on my parents' tax returns.
 The annual family income is _____ ; family size is _____ .
- supporting myself.
 My annual income is _____ .
- supporting, or helping to support, my family.
 The annual family income is _____ ; family size is _____ .

11. Please identify any extenuating financial circumstances that may further explain your/your family's financial situation. Please attach a separate sheet if necessary.

PART V: DECLARATION OF APPLICANT

I, _____ certify that the information I have submitted is true and accurate to the best of my knowledge. The essay and application was completed by me, the applicant. 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.

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

Signature: _____

Date: _____

- I certify that the above typed name is valid as an electronic signature.
- Signature of Parent /Guardian if under 18 years of age.

PART VI: SUPPORTING MATERIALS & ESSAY

1. Please attach a 500 (min) - 750 (max) word typed narrative responding to the following discussion points. A scholarship reward is heavily weighted on the thoughtfulness, thoroughness and demonstrated need expressed by the applicant. The scholarship review committee may contact the applicant for further discussion during review process.

- Describe in detail your educational and career goals, what you have done to work towards achieving those goals, and how the education or training program in which you are enrolled will help you meet your goals.
- What do you feel are the most significant challenges associated with living with a bleeding disorder? What opportunities or benefits have these challenges provided you?
- How do you plan on contributing back to the bleeding disorders community?

Keep in mind Great Lakes Hemophilia Foundation's Scholarship program goals as you write your essay.

There are three long-term goals the Great Lakes Hemophilia Foundation hopes to achieve with the Education Scholarship Program:

1. To improve patient and family access to insurance,
2. To decrease patient dependency on public sources of support, and
3. To develop a patient's level of commitment to the bleeding disorders community.

2. SCHOLARSHIP CHECKLIST

- Attach a list of your current or past extra-curricular activities and participation dates.
- Attach a list of your current or past volunteer and community service experiences and Participation dates.
- Attach a list of your current or past experiences in the bleeding disorders community (Programs attended, camp, volunteer experiences) and participation dates.
- Attach a list of any special recognition or awards you have received and dates of awards.
- Please have at least three **LETTERS OF SUPPORT** written on your behalf. At least one should be from a Social Worker or other Health Care Provider from your local treatment center. Another letter should be from an academic professional (teacher/professor). No more than one should be from a friend or neighbor. **Please do not ask relatives to send letters.** Enclosed is a form to be used along with your letters of support. If you need additional forms, please make copies.
- Please send your most recent official **TRANSCRIPT** directly to the Great Lakes Hemophilia Foundation. Please do not send a copy of any transcript. However, a copy of a High School Equivalency Diploma can be sent in place of a high school transcript.
- If you are not currently enrolled in the education or training program for which you are seeking assistance, please also attach a copy of an **ACCEPTANCE LETTER FROM THE PROGRAM**. Confirmation of acceptance into your chosen program of study must be received before a decision can be made regarding your eligibility for an Education Scholarship.
- Attach the latest Federal 1040 income tax form on which you are listed as the taxpayer or as a dependent.
- Email a recent photo to be used by GLHF for scholarship promotion to kdaniels@glhf.org if you signed consent on page 4.
- Completed, signed application along with supporting materials, returned to GLHF by deadline of May 1st.**

Scholarship applications and supporting materials will be reviewed by the Great Lakes Hemophilia Foundation Program Services Committee and will remain confidential. Please contact Karin Daniels at the Foundation if you have any questions or concerns while completing your application.

When you have completed the application be sure to save a copy for your files.

