



Dear Applicant:

Thank you for your interest in the 2009-2010 Great Lakes Hemophilia Foundation (GLHF) Education Scholarship. As a result of donor generosity, we are able to continue this program into its ninth year and pursue our goal of improving the quality of life for individuals affected by bleeding disorders through career advancement and improved vocational opportunities.

All awards will be presented on behalf of the recipient directly to the institution where the education or training will take place. Repeat applications are welcomed, but receiving an award one-year will not guarantee receipt the following year.

The evaluation of each applicant will be based on achieving the long-term goals of the Education Scholarship Program:

- Improved patient and family access to insurance,
- Decreased dependency on public sources of support, and
- Increased commitment to the bleeding disorders community.

Committee members must also evaluate the candidates using a number of other criteria including personal circumstances and financial need. Priority will be granted to individuals with bleeding disorders, then parents of children with bleeding disorders and spouses of individuals with bleeding disorders. If sufficient funds are available consideration will be given to siblings and other family members of an individual with a bleeding disorder.

In order to be considered for an award all materials must be received in the GLHF office by **May 1, 2009**. Faxed applications will not be accepted. Incomplete applications will not be evaluated. A complete application will consist of:

- completed Application Form,
- minimum of three Letters of Support,
- 300-500 word Narrative,
- appropriate Transcripts,
- and/or an Acceptance Letter from the program,

Please send the application and all other materials to The Program Services Committee, Great Lakes Hemophilia Foundation, 638 North 18th Street, Suite 108, Milwaukee, WI 53233.

The award decision will be announced at the May 2009 meeting of the GLHF Board of Directors. We look forward to reviewing your application materials. Good luck to you! Please call 414-257-0200 or toll free at 888-797-4543 if you have any questions.

Sincerely,

Karin Daniels
Program Services Coordinator

APPLICANT INFORMATION

Student Name: _____

Student Number: _____

Home Address: _____

Home Phone Number: _____

Award Amount: _____ Payment # 1: _____ Payment # 2: _____

School Name: _____

School Contact Person: _____

School Address: _____

School Phone Number: _____

For Office Use Only

Checklist:

- _____ Completed Application
- _____ Signed Declaration of Applicant
- _____ Narrative
- _____ Three Reference Letters
 1. _____
 2. _____
 3. _____
 4. _____ (optional)
- _____ Transcript
- _____ Copy of Acceptance Letter
(if not currently enrolled in a program)

LETTER OF SUPPORT

This form should be used as a cover sheet for a letter of support.

All reference letters must be received by May 1, 2009. Please return to:

Great Lakes Hemophilia Foundation
Program Services Committee
638 North 18th Street Suite 108
Milwaukee, WI 53233

In writing this letter of support please include comments reflecting on your knowledge and insight pertaining to the following areas:

- The applicant's educational and career goals.
- How this applicant's educational and career goals have been affected by a bleeding disorder.
- How you see this applicant utilizing the award to achieve their educational and career goals.

Finally, include any information that you may feel would be important for the committee reviewers to know. Please be sure to sign and date your letter. Thank you.

Applicant's Name: _____

Name of person providing letter of support: _____

Relationship to applicant (please circle):

Teacher

Guidance Counselor

Employer

Health Care Provider

Neighbor

Friend

Clergy

Other: _____



2009/2010 EDUCATION SCHOLARSHIP PROGRAM

Please TYPE or PRINT. **Please thoroughly complete each question.**
Applications from previous years will not be referenced.

I. PERSONAL INFORMATION: Please include your email address after your name.

1. Name _____

2. Address _____

3. City _____ WI, Zip Code _____

4. Phone () _____ 5. Date of Birth / / _____

6. Race/Ethnicity: African American Native American Arab American
 (Optional: for record keeping only) Asian American Caucasian Latin American
 Other: _____

7. Social Security Number: _____ - _____ - _____
 (For tax reporting purposes)

8. Type of Bleeding Disorder in Family (check the appropriate box and/or describe):
 a). Hemophilia: A B Severity: _____
 b). Other factor deficiency: _____
 c). von Willebrand disease, type: _____
 d). Carrier: Symptomatic Asymptomatic Factor Level: _____
 e). Other bleeding disorder: _____

9. Person(s) in my family with a bleeding disorder (check all that apply):
 myself my child my parent my brother or sister Other: _____

II. EDUCATIONAL INFORMATION:

1. Date of graduation from high school ____/____/____, or Date received/will receive GED ____/____/____.

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

School/Program Attended	Dates Attended	Degree/Certificate

3. State the program and school for which you are seeking assistance. Include a brief description of the program.

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

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

III. EMPLOYMENT INFORMATION:

1. List your two most recent employment experiences.

Employer:	Duties:	Dates Employed:	Hours Worked:

IV. FINANCIAL INFORMATION:

1. What is the anticipated per semester cost of the education or training program for which you are seeking assistance?

Tuition: \$ _____ Books: \$ _____ Living Expenses: \$ _____

2. What is your personal financial contribution to your education? \$ _____

3. What is your parents' financial contribution to your education? \$ _____

4. How much assistance are you seeking from the Great Lakes Hemophilia Foundation? \$ _____

5. Have you applied or will you be receiving a scholarship from another state or hemophilia organization?

Yes \$ _____ No

6. Have you applied for other forms of financial aid for your education? Yes (go to 6a) No (go to 6b)

6a. If **yes**, please complete the chart below.

Award type:	Amt. of award	Did you re-apply for this award?	Has this award been approved for 07'-08'?	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:

6b. If you have **not** applied for other forms of aid please thoroughly explain:

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

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

Factor: \$ _____ Insurance Premiums: \$ _____ Medications: \$ _____ Other: \$ _____

9. 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 _____.

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

V. SUPPORTING MATERIAL:

1. List your current or past extra-curricular activities. Please attach a separate sheet if necessary.

Extra-Curricular Activity:	Dates Participated:

2. List your current or past volunteer and community service experiences. Please attach a separate sheet if necessary.

Volunteer/Community Service Activity:	Dates Participated:

3. List any special recognition or awards you have received. Please attach a separate sheet if necessary.

Recognition Award:	Date Received:

4. **NARRATIVE:** Please describe in detail your educational and/or 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.

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.

In your narrative please also speak to each of these issues and how receiving an Education Scholarship will affect your/your family's ability to achieve the three goals. Please limit your narrative to between 300 - 500 words. The narrative will be evaluated in terms of content. Please print or type your narrative.

5. 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 are three forms to be used for the letters of support. If you need additional forms, please make copies.
6. 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.
7. 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.

VI. DECLARATION OF APPLICANT

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.

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 in publicity or promotion of the program. (*Your answer to this question will have no impact on eligibility or award.*)

Signature: _____ Date: _____