

Brandywine Valley Hemophilia Foundation Scholarship

DEADLINE FOR APPLICATION: MONDAY, June 1, 2018

NOTIFICATION OF ACCEPTANCE: June 18, 2017

Guidelines

BVHF is pleased to make available a \$2000.00 scholarship to an individual impacted by hemophilia or other significant bleeding disorder. Once chosen as the recipient, the scholarship will be renewed for a maximum of four years as long as the individual remains in good academic standing. A check will be made payable to the educational institution and mailed to the institution each year following verification of continuing education and an adequate academic record.

Any post-secondary educational opportunity will be considered for funding.

Who Can Apply?

- Any individual who has been diagnosed with hemophilia or other significant bleeding disorder. Evidence of this diagnosis must be provided by your clinician or HTC.
- Any individual whose immediate family member is attached to the hemophilia/bleeding disorder community. Evidence of this must be provided by your clinician or HTC.

Application Requirement – **Deadline for submission, June 1, 2018**

1. Application Form
2. Essay
3. Personal References (one must be by an individual who can identify you in relation to hemophilia or other bleeding disorder and its impact on your life)
4. Evidence of diagnosis through clinician or HTC
5. Record of academic transcript if applicable

Selection Process

All applications will be reviewed by the Scholarship Committee and notification to the applicant will be made by **June 18, 2018**

Submission Process

All completed applications, references, academic transcript, and diagnosis verification should be submitted by:

Mail

Ann Mathis, Scholarship Committee
Brandywine Valley Hemophilia Foundation
14 Turkey Hollow Road
Kennett Square, PA 19348

or

Email

info@brandywinehemophilia.org

or

aamathis@verizon.net

All of us at Brandywine Valley wish you much luck in your future academic pursuits

BRANDYWINE VALLEY HEMOPHILIA FOUNDATION

SCHOLARSHIP APPLICATION

Please print or type the following information. This form along with your essay, academic transcript and personal references must be emailed or postmarked no later than **June 1, 2018**

NAME _____

AGE _____

ADDRESS _____

HOME PHONE/ CELL _____

EMAIL _____

BEST TIME TO CONTACT _____

SECOND CONTACT EMAIL/PHONE _____

LOCAL CHAPTER/ASSOCIATION _____

TREATMENTCENTER _____

CURRENT SCHOOL OR PLACE OF
EMPLOYMENT _____

TYPE OF CONTINUING EDUCATION YOU PLAN TO
PURSUE _____

SIGNITUARE OF PARENT/GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE

PARENT _____

EMAIL _____

PHONE _____

PLEASE COMPLETE THE FOLLOWING IN TERMS OF YOUR LAST FOUR YEARS OF SCHOOL. IF EMPLOYED, AMEND TO ALLOW FOR WORK AND SOCIAL EXPERIENCE.

ACTIVITIES – SCHOOL OR COMMUNITY

ORGANIZATIONS – SCHOOL, WORK OR COMMUNITY

AWARDS, HONORS AND ACHIEVEMENTS

VOLUNTEER WORK/COMMUNITY SERVICE/SERVICE THROUGH LOCAL CHAPTER/
HEALTH RELATED ORGANIZATIONS

ESSAY

Write an essay of 250-300 words using one of the following themes as a topic.

1. Knowledge is Power
2. Changing the stereotypical view of what it is to have hemophilia/
bleeding disorders.

PERSONAL REFERENCES

Please give this form to each of your two references. One reference should be from someone who knows you through school (e.g., teacher, coach, extracurricular activity advisor) or work (supervisor, co-worker, or client).

Your second reference should be from someone who knows you through a hemophilia/bleeding disorder connection (e.g. staff member of your local HTC or NHF chapter).

These personal references should NOT be a family member.

References must be submitted to

Ann Mathis, Scholarship Committee,
Brandywine Valley Hemophilia Foundation,
14 Turkey Hollow Road,
Kennett Square, PA 19348

or

Email info@brandywinehemophilia.org

or

aamathis@verizon.net

Name of Applicant _____

Name of Reference _____

Address of Reference

Phone of Reference

Home _____ Cell _____

How long have you known the applicant and in what capacity have you known him/her?

What are this applicant's most significant attributes, (e.g., three most immediate qualities that come to mind regarding the applicant)? _____

Please describe in some detail why you are recommending this person for the Brandywine Valley Hemophilia Scholarship.

VERIFICATION OF DIAGNOSIS

The following individual _____
has applied for an academic scholarship through Brandywine Valley Hemophilia
Foundation. This is a request for verification that _____
is treated by you (individual physician or representative of HTC) or that this
individual is known by you to be attached to the Bleeding Disorder Community
through an immediate family member. This request is made to fulfill the
requirements for consideration for the scholarship by Brandywine Valley
Hemophilia Foundation.

_____ is under care for the treatment of
hemophilia or other significant bleeding disorder and is thus eligible for the BVHF
academic scholarship.

or

_____ is attached to the Bleeding
Disorder Community through an immediate family member, and is thus eligible
for the BVH academic scholarship.

Signature _____

Date _____

Phone _____

Return form to:

Agnesann Mathis, Scholarship Chair

Brandywine Valley Hemophilia Foundation

14 Turkey Hollow Road

Kennett Square, PA 19348

aamathis@verizon.net