

## **Brandywine Valley Hemophilia Foundation Scholarship**

**DEADLINE FOR APPLICATION: FRIDAY, MAY 17, 2024**

**NOTIFICATION OF ACCEPTANCE: FRIDAY, JUNE 14, 2024**

### **Guidelines**

BVHF is pleased to make available a \$2000.00 scholarship to an individual in our service area impacted by hemophilia or other significant bleeding disorders. Once chosen as the recipient, the scholarship will be renewed each year for 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 that 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 diagnosed with hemophilia or other significant bleeding disorders. 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, Friday, May 17, 2024**

1. Completed Application Form
2. Essay
3. Two personal References
  - one by an individual who can identify you in relation to hemophilia or other bleeding disorder and its impact on your life
  - an individual who knows you well and can speak to your skills and character
4. Evidence of diagnosis through clinician or HTC
5. Record of academic transcript if applicable. Record of work history if employed.

### **Selection Process**

All applications will be reviewed by the Scholarship Committee and notification to the applicant will be made by **Friday, June 14, 2024**.

## **Submission Process**

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

Mail

Stephen Steinmetz, Scholarship Committee  
Brandywine Valley Hemophilia Foundation  
Box 355, Unionville, PA 19375

Email

Stephen Steinmetz at: [ssteinmetz@khafirm.com](mailto:ssteinmetz@khafirm.com)

Call Stephen with any questions at: 610-235-1229.

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

# BRANDYWINE VALLEY HEMOPHILIA FOUNDATION

## 1. SCHOLARSHIP APPLICATION

Please print or type the following information. This form, along with your essay, academic transcript, personal references, and verification of diagnosis must be emailed or postmarked no later than **FRIDAY, MAY 17, 2024.**

NAME \_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

BEST TIME TO CONTACT \_\_\_\_\_

LOCAL CHAPTER/ASSOCIATION \_\_\_\_\_

TREATMENT CENTER \_\_\_\_\_

CURRENT SCHOOL OR PLACE EMPLOYMENT \_\_\_\_\_

TYPE OF CONTINUING EDUCATION YOU PLAN TO PURSUE \_\_\_\_\_

SIGNITUARE OF PARENT/GUARDIAN IF APPLICABLE

APPLICANT \_\_\_\_\_

PARENT \_\_\_\_\_

EMAIL OF PARENT \_\_\_\_\_

PHONE OF PARENT \_\_\_\_\_

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

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ORGANIZATIONS – SCHOOL, WORK OR COMMUNITY

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VOLUNTEER WORK, COMMUNITY SERVICE, INVOLVEMENT WITH LOCAL CHAPTER OR HTC

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HONORS, AWARDS, RECOGNITIONS

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## **2. ESSAY**

Write an essay of 500-750 words using one of the following themes as a topic.

1. Current treatments/practices have both positive and negative consequences for daily life
2. The stereotypical view of what it is to have hemophilia/ bleeding disorders is both correct and incorrect
3. I have hemophilia but having hemophilia does not define me.

### 3. PERSONAL REFERENCES

Please give this section to your two references.

**Your first** reference should be someone who knows you through school/work (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, or camp counselor)).

These personal references should not be a family member.

References must be returned by **FRIDAY, MAY 17, 2024** to

Stephen Steinmetz, Scholarship Committee

Brandywine Valley Hemophilia Foundation

Box 355, Unionville, PA 19375

or

Email Stephen Steinmetz at: [ssteinmetz@khafirm.com](mailto:ssteinmetz@khafirm.com) or

Call Stephen with any questions at: 610-235-1229

## Personal Reference

Name of Applicant \_\_\_\_\_

Name and address of Reference

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Phone number and email of reference

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

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

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

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#### 4. 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). 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.

Signature \_\_\_\_\_

Position held \_\_\_\_\_

Date \_\_\_\_\_

Note: it is your responsibility as the applicant to make the physician or HTC aware of your application process so there is no issue with HIPPA in their recognition of you as a patient.



## **5. VERIFICATION OF SCHOLARSHIP/WORK ETHIC**

Provide a copy of your current academic transcript from your attending institution.

OR

Provide a written statement from your employer discussing work requirements and work ethic.