

Brandywine Valley Hemophilia Foundation Scholarship

DEADLINE FOR APPLICATION: FRIDAY, MAY 16, 2025

NOTIFICATION OF ACCEPTANCE: FRIDAY, JUNE 6, 2025

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.

We provide support services to families and patients within the great Brandywine Valley, South Jersey and Delaware. Active members of BVH living outside these designated areas are also qualified to apply.

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 within our service area or active within the organization may apply. 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 within our service area or active within the organization may apply. Evidence of this must be provided by your clinician or HTC.

Application Requirement – Deadline for Submission, Friday, May 16, 2025

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. Or 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 6, 2025**.

Submission Process

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

Mail

Ann Mathis, Scholarship Committee
Brandywine Valley Hemophilia Foundation
121 Victoria Gardens Drive
Kennett Square, PA 19348

Email

aamathis07@gmail.com

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 16, 2025.**

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

ORGANIZATIONS – SCHOOL, WORK OR COMMUNITY

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

HONORS, AWARDS, RECOGNITIONS

2. ESSAY

Write an essay of 250-300 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 16, 2025 to

Ann Mathis, Scholarship Committee

Brandywine Valley Hemophilia Foundation,

121 Victoria Gardens Drive,

Kennett Square, PA 19348

or

Email aamathis07@gmail.com

Personal Reference

Name of Applicant _____

Name and address of Reference

Phone number and email of reference

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

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.

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 should clarification of diagnosis be necessary.

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.