

**HEMOPHILIA FEDERATION OF AMERICA**  
**SCHOLARSHIP / ARTISTIC ENCOURAGEMENT GRANT APPLICATION**

**Personal Information:**

Please check one:    Educational Scholarship    \_\_\_    Artistic Encouragement Grant    \_\_\_  
                                 Parent Continuing Education    \_\_\_    Sibling Continuing Education    \_\_\_

Name: Mr./Mrs./Ms. (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_  
                         Work: ( ) \_\_\_\_\_  
                         Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Parents Name: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Parents address if different from above: \_\_\_\_\_

High School Attended: (Name, address and date of graduation)  
\_\_\_\_\_

College or Vocational School Applied To: (Name and address)  
\_\_\_\_\_

Will you be entering as a \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_?

Please list all honors, extra curricular activities and organizations that you have been involved with:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Requirements:**

Please submit the following:

- Completed Application
- Essay on your goals and aspirations, and how the blood clotting community has played a part in your life. (one page)
- Two letters of reference (one professional reference i.e. Clergy, Teacher, etc., the other from HTC or Physician)
- Proof of academic standing
- Statement of financial need (if applicant is a dependant otherwise the applicant's tax return)
- Proof of enrollment

**Application Requirements for Artistic Encouragement Grant:**

Please submit the following:

- Completed Application
- Essay on your goals and aspirations, and how the blood clotting community has played a part in your life. (one page)
- Two letters of reference (one professional reference i.e. Clergy, Teacher, etc., the other from HTC or Physician)
- Brief summary of project (25 words)
- Portfolio or sample of work
- Timeline for completion of work
- Statement of financial need (if applicant is a dependant otherwise the applicant's tax return)

**\*\*\*APPLICATIONS ARE DUE NO LATER THAN APRIL 30, 2010\*\*\***

**Release of Information:**

I am an individual with a congenital bleeding disorder, or a member of the immediate family of a person so affected, in need of financial assistance to complete vocational or undergraduate studies at an accredited institution of higher education.

I also authorize the release of information to the Hemophilia Federation of America in order to verify all statements made in this application. I also give permission to use my name/and or photo in HFA's web site, Dateline newsletter or any other press release that HFA deems appropriate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOLARSHIP APPLICATIONS AND INFORMATION CALL:**

**1-800-230-9797**

**1-202-675-6984**

**[www.hemophiliafed.org](http://www.hemophiliafed.org)**

**MAIL COMPLETED APPLICATIONS TO:**

**HEMOPHILIA FEDERATION OF AMERICA  
ATTN: SCHOLARSHIP COMMITTEE  
210 7<sup>TH</sup> STREET SE  
SUITE 200 B  
WASHINGTON, DC 20003**

**OR FAX TO:**

**ATTN: SCHOLARSHIP COMITEE  
1-202-675-6983**