

2017

Utah Hemophilia Foundation

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Utah Hemophilia Foundation
Scholarship Application

**Please note, applications MUST be filled out by the actual applicant. Individuals who have third parties fill out the application and complete the requirements will not be eligible for consideration.*

Deadline for Submission: Friday, May 19, 2017

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Zip: _____

Email Address: _____ Cell Number: _____

Date of Birth: _____ Age: _____

Bleeding Disorder ☐ Type: _____ ☐ Sibling ☐ Carrier ☐ Parent with B.D.

Do you have other health complications? Please describe:

State any special personal or family circumstances affecting your need for financial assistance:

On a separate piece of paper, please include details about the following, OR you may submit a formal resume that includes this information:

- o Your employment history for the past two years
- o Volunteer experience: list of organizations, duties performed, and total time served
- o Academic or civic awards earned



EDUCATIONAL INFORMATION

Last school attended: _____

Intended college, trade or technical school: _____

Are you currently enrolled in a college, trade or technical school? **YES NO**

If not, when will you be enrolled?

During which semester(s) or term(s) do you plan on using any scholarship funds you receive? Please be aware that funds must be used within the academic calendar year for which they are issued unless the UHF is notified and approves of extenuating circumstances.

What are your anticipated costs for tuition, fees and books for the 2017-2018 school year?

Please list all scholarships and/or financial aid for your upcoming enrollment:

Type of Scholarship or Financial Aid	Amount	Is This Assistance Renewable?

CONSENT & AGREEMENT

By signing below, you give permission to the members of the Scholarship Selection Committee to verify any of the information provided in this application. (This includes, but is not limited to, contacting the Hemophilia Treatment Center, the last school you attended, the school in which you are currently enrolled, your references, etc). You, also, conform that you, personally, filled out this application and answered the questions honestly and truthfully. Additionally, you acknowledge that you will use this scholarship award by December 31, 2017.

Applicant's Signature _____ Date: _____

**Please see next page for the requirements
to complete this scholarship application.**

REQUIREMENTS

(1) Essay Response:

Essays must be at least one type-written page but, not longer than two type-written pages:

What are your dreams of the future? When you look back on your life in thirty years, what would it take for you to consider your life successful? How does this particular scholarship fit into your plans for the future?

(2) Transcript:

Submit the most recent copy of your academic **transcript**. An official transcript from the registrar of the last school attended is preferred. At a minimum, we must receive a document that clearly indicates the most recent semester grades and G.P.A.

(3) Reference Letters*:

Ask **two** individuals (teachers, employers, co-workers, volunteer coordinators, etc.) who know you well, but are not related to you, to write a **letter of reference** in your behalf. *(UHF staff members and Board members are ineligible to write letters of recommendation for this scholarship).

Reference letters should include the following information:

- How long they have known you
- In what capacity they know you
- List of your strengths and what makes you stand out
- Why you are deserving of a scholarship

Reference letters written on letterhead are preferred. However, if letters ARE NOT written on formal letterhead, please have the writer include their address and phone number. **ALL REFERENCE LETTERS MUST HAVE A SIGNATURE.** Please note, we must receive these letters by the deadline or your application may not be given full consideration.

(4) UHF Scholarship Form (completed)

<u>PLEASE MAIL TO:</u>	Utah Hemophilia Foundation/Scholarships 772 East 3300 South, Suite 210 Salt Lake City, UT 84106	OR
<u>EMAIL TO:</u>	western@hemophiliautah.org	OR
<u>FAX TO:</u>	801-746-2488	

THE UHF MUST RECEIVE COMPLETED APPLICATION BY: *MAY 19. 2017*