

HEMOPHILIA CENTER OF WESTERN NEW YORK
SCHOLARSHIP APPLICATION
FOR REPEAT APPLICANTS

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Date of Birth: _____ Diagnosis: _____

Current school and grade level: _____

Name of College, University, or Vocational program you are planning to attend in
fall 2018:

Grade/class level (as of fall 2018): _____

Anticipated Degree: _____

Anticipated Major: _____

Future Career/Vocation: _____

Have you been awarded an HCWNY scholarship in the past? Yes or No

If so, when: _____

Goal and Reflections

The following essay should be a reflection of your current academic year and goals for the future. Your response must be detailed, highlight any achievements, and describe your plans for the future. Responses must be typed.

1. Describe any challenges or obstacles you have faced over the past year or since your last application. Describe any achievements or accomplishments.
2. Describe your current academic and personal goals. Highlight if your goals have changed since your last application and why.

Transcripts

An official transcript of your grades is required from your institution of higher education (if applicable) or high school. The transcripts must be official, the committee will not review applications with non-official transcripts. Send directly to the Hemophilia Center at the address listed below:

Scholarship Committee
Hemophilia Center of Western New York
936 Delaware Avenue
Buffalo, NY 14209

Scholarship Information

The mission of the Hemophilia Center Scholarship Program is to provide a better quality of life for individuals affected by Hemophilia, von Williebrand Disease, Gaucher, and other genetic bleeding disorders by awarding financial assistance for advanced educations and training leading to employment and access to health insurance.

Who is eligible to apply?

Eligible candidates must be patients of the Hemophilia Center of WNY, in good standing, who are high school seniors, high school (or equivalent) graduates, or students who are currently enrolled in full-time undergraduate, graduate, or vocational institutions of higher education. Candidates must have an overall high school average of 80 or higher or a minimum GPA of 2.5 in order to be eligible to apply. All recipients are eligible to reapply in the subsequent years as long as they are in good standing. This renewal will not be automatic, as each year's applicants will be independently evaluated.

What types of scholarships will be given?

Scholarships will be awarded annually in the categories of vocational, undergraduate, and graduate programs

How much are the scholarship awards?

The amount given will be dependent on the number of applicants, the category of the applicants program, and the discretion of the scholarship committee.

How are award recipients selected?

The recipients will be chosen on the basis of academic performance, responses to application questions, participation in school and community activities, work and/or volunteer experience, recommendations, and personal or family circumstances.

Selection will be based on the evaluation of the applications and the accompanying documentation. The scholarship committee is comprised of board members from

the board of directors of the Hemophilia Center of WNY. They will be responsible for reviewing and selecting award recipients. Relatives of committee members or HCWNY staff are eligible to apply only if they are registered patients of the Hemophilia Center.

RETURN THE COMPLETED APPLICATION AND ATTACHMENTS BY:

FEBRUARY 28TH 2019

TO:

SCHOLARSHIP COMMITTEE
HEMOPHILIA CENTER OF WESTERN NEW YORK
936 DELAWARE AVENUE
BUFFALO, NY 14209

*PLEASE NOTE THAT APPLICATIONS RECEIVED INCOMPLETE WILL NOT BE CONSIDERED FOR REVIEW BY THE SCHOLARSHIP COMMITTEE.

The HCWNY scholarship application is also available on our website at:

www.hemophiliawny.com

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted.

Applicant's Signature:

Date: _____