

**WESTERN NEW YORK BLOODCARE**  
**SCHOLARSHIP APPLICATION**  
**FOR NEW 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 2020:

\_\_\_\_\_

Grade/class level (as of fall 2019): \_\_\_\_\_

Anticipated Degree: \_\_\_\_\_

Anticipated Major: \_\_\_\_\_

Future Career/Vocation: \_\_\_\_\_

Have you been awarded a WNYBC scholarship in the past? Yes or No

If so, when: \_\_\_\_\_

## Reflective Essay Questions

The following questions should reflect your personal experiences, challenges, and aspirations. Your responses should be detailed and require critical thinking. There are no requirements for length and your responses must be typed.

1. How does your chronic illness affect your life?
2. What are your short term educational and personal goals? Where do you see yourself in five years?
3. What do you believe makes you unique and sets you apart from others?  
(Describe who you are and elaborate on your strengths and weaknesses)
4. Have you ever worked very hard or struggled for something and succeeded? Or failed? Describe that experience and what you learned from it.
5. In what ways do you contribute to the bleeding disorder/gaucher community? Are you currently or have you done any volunteer work?
6. Provide any and all information about you and your circumstances that the scholarship committee should know as they review your application.  
(Describe any medical, social, financial, or other obstacles that have impacted your life or future. Elaborate on any issues that may impact your ability to complete your educational goals and discuss how this scholarship could help you reach your goals.)

**\*Please note that all of these topics must be addressed and are NOT option**

## **Transcripts and Letters of Recommendation**

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.

Three letters of recommendation are required. We ask that the letters are from different disciplines, to help the committee have a better picture of each applicant. It is recommended that one of the letters should be from someone who knows your potential as a student, one from a current or former employer/volunteer work, and one from someone who knows you personally, other than a relative. If for some reason you are limited on who can write you a letter, please write an explanation. For example, if you do not have an employer and have not volunteered but are able to have two different teachers, please explain this in a typed format and attach it with your application. You **MUST** provide three letters of recommendation in order to be considered from the scholarship and to have your application reviewed by the committee.

Please have your transcript and hard copy letters of recommendations sent to:

Scholarship Committee  
Western New York BloodCare  
1010 Main St.  
Buffalo, NY 14202

## **Scholarship Information**

The mission of the Western New York BloodCare 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 Western New York BloodCare, 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 Western New York BloodCare. They will be responsible for reviewing and selecting award recipients. Relatives of committee members or WNYBC staff are eligible to apply only if they are registered patients of the WNYBC Center.

RETURN THE COMPLETED APPLICATION AND ATTACHMENTS BY:

**FEBRUARY 28<sup>TH</sup> 2020**

TO:

SCHOLARSHIP COMMITTEE  
WESTERN NEW YORK BLOODCARE  
1010 MAIN ST.  
BUFFALO, NY 14209

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

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

[www.wnybloodcare.org](http://www.wnybloodcare.org)

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: \_\_\_\_\_