



Dear Applicant:

Thank you for your interest in the **Jacob N. Shanberge, M.D. Memorial Scholarship**. As a result of the generosity of Dr. Shanberge's family and other donors, this scholarship has been established to assist students who, like Dr. Shanberge, thirst for scientific knowledge. It will be awarded to only one student annually. Applicants wishing to be considered for this scholarship and Great Lakes Hemophilia Foundation's Education Scholarship, may complete this one application and check the box on the following page to indicate your interest in both scholarships. Repeat applications are welcomed, but receiving an award one-year will not guarantee receipt the following year. All awards will be presented on behalf of the recipient directly to the educational institution. The committee's evaluation of each applicant will be based on achieving the long-term goals of the Education Scholarship Program:

- Improved patient and family access to insurance,
- Decreased dependency on public sources of support.
- Increased commitment to the bleeding disorders community.

Committee members must also evaluate the candidates using a number of other criteria including personal circumstances and financial need. The review committee may request an interview with the applicant to gain a better understanding of their goals and scholarship need. Priority will be granted to individuals with bleeding disorders, then parents of children with bleeding disorders and spouses of individuals with bleeding disorders. If sufficient funds are available consideration will be given to siblings and other family members of an individual with a bleeding disorder.

In order to be considered for an award, all materials must be received in the GLHF office by **May 1st**. Faxed applications will not be accepted. Incomplete applications will not be evaluated.

All materials must be typed. A complete application will consist of:

- Completed Application Form
- Minimum of three Letters of Support
- 500-750 word Narrative (See page 4 of application for full details)
- Appropriate Transcripts
- And/or an Acceptance Letter from the program

Please send the application and all other materials to the Program Services Committee, Great Lakes Hemophilia Foundation, 638 North 18th Street, Suite 108, Milwaukee, WI 53233, or email to kkoppen@glhf.org. You will be notified of the committee's decision prior to August 1 each year. Please call 414-937-6782 if you have any questions. We look forward to reviewing your application.

Good luck to you!

Karin Koppen
Program Services Coordinator

Great Lakes Hemophilia Foundation

is proud to offer the

Jacob N. Shanberge, M.D. Memorial Scholarship Award

In 1974, Doctors Jacob N. Shanberge and Richard Aster, along with their patient, Jim Goggins, founded Great Lakes Hemophilia Foundation (GLHF) as a chapter of the National Hemophilia Foundation (NHF). Dr. Shanberge was the first President of GLHF's Board of Directors and had deep roots in Milwaukee, beginning in childhood and continuing on through his graduation from medical school.

Dr. Shanberge, a hematopathologist, devoted his professional life to the study of bleeding disorders, and his colleagues described him as the “doctor behind the doctor.” His research led to a National Institutes of Health Fellowship in Zurich, Switzerland in 1960. During his life, he had over 55 medical publications. He discovered that hemophilia is not due to the lack of Factor VIII (a coagulation substance in the blood) but to a malfunction of this factor. In 1977, NHF recognized him for that discovery with their top honor, the Murray Thelin Award.

Dr. Shanberge had clinical professorships at multiple universities. He enjoyed working with students as well as giving lectures and workshops worldwide. Over the years, more than a dozen Japanese doctors came to the U.S. to work in his laboratories. This scholarship will allow Dr. Shanberge’s zeal for science and research to continue through recipients who share his passion and thirst for scientific knowledge.

WHO IS ELIGIBLE?

- ◆ Individuals living with a bleeding disorder in Wisconsin or receiving treatment at a Wisconsin Hemophilia Treatment Center.
- ◆ Applicants must be pursuing a degree in science, medicine or a related field.
- ◆ Qualified applicants will be considered for this scholarship as well as our general Education Scholarship, if requested.

AWARD AMOUNT:

\$3,000 annually to one student applicant.

DEADLINE:

May 1st (annually)



Jacob N. Shanberge, M.D. 1922 - 2004

Check scholarship(s) you are applying for.

- Jacob N. Shanberge, M.D.
Memorial Scholarship
- GLHF Education Scholarship



EDUCATION SCHOLARSHIP PROGRAM

Please thoroughly complete each question. Only typed applications will be accepted.
Applications from previous years will not be referenced.

PART I: PERSONAL INFORMATION

1. Name: _____
2. Address: _____
3. City: _____ State: _____ Zip: _____
4. Phone Number: _____ Email: _____
5. Date of Birth: _____ / _____ / _____
6. Social Security Number (For tax reporting purposes): _____ - _____ - _____

PART II: BLEEDING DISORDER INFORMATION

1. Do you have a bleeding disorder? _____
If YES, type and severity _____
2. Do others in your immediate family have a bleeding disorder? _____
If YES, what is their relationship to you? _____
3. Hematologist: _____
Hemophilia Treatment Center: _____
4. Describe how having a bleeding disorder influences your life or the life of your family (if you are not the person with the disorder). _____

PART III: EDUCATION INFORMATION

1. High School Graduation Date ____/____/____, or GED received ____/____/____.

2. State the post-high school education or training programs you have completed:

School/Program Attended	Dates Attended	Degree/Certificate

3. Intended college, university, trade or technical school (Accredited, Not-For-Profit Schools)

Name: _____

Address: _____

Program of Study: _____

4.

Are you currently enrolled in this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, have you applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been accepted? (If No, go to number 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Date you will begin: _____

6. If you have yet to be accepted into this program, when will a decision be made? _____

PART IV: EMPLOYMENT & FINANCIAL INFORMATION

1. List your two most recent employment experiences

Employer	Responsibilities	Dates Employed	Hours Worked/Week

2. What is the anticipated cost per semester?

Tuition: _____ Books: _____ Living Expenses: _____

3. What is your personal financial contribution to your education? \$ _____

4. What is your parents' financial contribution to your education? \$ _____

5. How much assistance are you seeking from the Great Lakes Hemophilia Foundation? \$ _____

6. Have you applied or will you be receiving a scholarship from another state or hemophilia organization?

Yes \$ _____ No

7. Have you applied for other forms of financial aid for your education?

Yes (go to 6a) No (go to 6b)

7a. If yes, please complete the chart below.

Award type	Amt. of award	Did you re-apply for this award?	Has this award been granted for '12 –'13?	Amt. of award approved?
University scholarships:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Work study funds:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Other scholarships:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Student loans:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Bank loans:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Grants:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
	Total:			Total:

7b. If you have not applied for other forms of aid please thoroughly explain: _____

8. Please indicate any other source of aid that will be used to support your education (i.e. trust fund, inheritance, etc.). _____

9. What are your/your family's annual out-of-pocket expenses for the treatment and care of the individual(s) with a bleeding disorder?

Name of Individual with Bleeding Disorder	Insurance Premiums (monthly)	Medication co-pays related to bleeding disorder (monthly)	Other (Medical Apt., hospitalizations, etc.)

10. Please check the statement that applies, and fill in the information requested. This information will help us estimate your/your family's level of financial need.

- I am: being claimed on my parents' tax returns.
The annual family income is \$ _____; family size is _____.
- supporting myself.
My annual income is \$ _____.
- supporting, or helping to support, my family.
The annual family income is \$ _____; family size is _____.

11. Please identify any extenuating financial circumstances that may further explain your/your family's financial situation. Please attach a separate sheet if necessary.

PART V: DECLARATION OF APPLICANT

I, _____, certify that the information I have submitted is true and accurate to the best of my knowledge. The essay and application was completed by me, the applicant. In the event that there is a change in any of the information presented in the application, I will promptly notify the Great Lakes Hemophilia Foundation.

In the event that I am awarded program assistance, I am/ am not willing (*check one*) to allow the Great Lakes Hemophilia Foundation to use my name and photo in publicity or promotion of the program. (*Your answer to this question will have no impact on eligibility or award.*)

Signature: _____ Date: _____

Signature of Parent /Guardian if under 18 years of age.

PART VI: SUPPORTING MATERIALS & ESSAY

1. Please attach a 500 (min) - 750 (max) word typed narrative responding to the following discussion points. A scholarship reward is heavily weighted on the thoughtfulness, thoroughness and demonstrated need expressed by the applicant. The scholarship review committee may contact the applicant for further discussion during review process.

- Describe in detail your educational and career goals, what you have done to work towards achieving those goals, and how the education or training program in which you are enrolled will help you meet your goals.
- What do you feel are the most significant challenges associated with living with a bleeding disorder? What opportunities or benefits have these challenges provided you?
- How do you plan on contributing back to the bleeding disorders community?

Keep in mind Great Lakes Hemophilia Foundation's Scholarship program goals as you write your essay.

There are three long-term goals the Great Lakes Hemophilia Foundation hopes to achieve with the Education Scholarship Program:

1. To improve patient and family access to insurance,
2. To decrease patient dependency on public sources of support, and
3. To develop a patient's level of commitment to the bleeding disorders community.

2. SCHOLARSHIP CHECKLIST

- Attach a list of your current or past extra-curricular activities and participation dates.
- Attach a list of your current or past volunteer and community service experiences and Participation dates.
- Attach a list of your current or past experiences in the bleeding disorders community (Programs attended, camp, volunteer experiences) and participation dates.
- Attach a list of any special recognition or awards you have received and dates of awards.
- Please have at least three **LETTERS OF SUPPORT** written on your behalf. At least one should be from a Social Worker or Health Care Provider, or local HTC. Another letter should be from an academic professional (teacher/professor). No more than one should be from a friend. **Please do not ask relatives to send letters.** Enclosed is a form to be used along with your letters of support.

- Please send your most recent official **TRANSCRIPT** directly to the Great Lakes Hemophilia Foundation. Please do not send a copy of any transcript. However, a copy of a High School Equivalency Diploma can be sent in place of a high school transcript.
- If you are not currently enrolled in the education or training program for which you are seeking assistance, please also attach a copy of an **ACCEPTANCE LETTER FROM THE PROGRAM**. Confirmation of acceptance into your chosen program of study must be received before a decision can be made regarding your eligibility for an Education Scholarship.
- Attach the latest Federal 1040 income tax form on which you are listed as the taxpayer or as a dependent.
- Email a recent photo to be used by GLHF for scholarship promotion to kkoppen@glhf.org if you signed consent on page four.
- Completed, signed application along with supporting materials, returned to GLHF by deadline of May 1st.**

Scholarship applications and supporting materials will be reviewed by the Great Lakes Hemophilia Foundation Program Services Committee and will remain confidential. Please contact Karin Koppen at the Foundation if you have any questions or concerns while completing your application.



LETTER OF SUPPORT

This form should be used as a cover sheet for a letter of support.

All reference letters must be received by May 1.

Please return to:

Great Lakes Hemophilia Foundation
Program Services Committee
638 North 18th Street Suite 108
Milwaukee, WI 53233

or, Email: kkoppen@glhf.org

In writing this letter of support please include comments reflecting on your knowledge and insight pertaining to the following areas:

- The applicant's educational and career goals.
- How this applicant's educational and career goals have been affected by a bleeding disorder.
- How you see this applicant utilizing the award to achieve their educational and career goals.

Finally, include any information that you may feel would be important for the committee reviewers to know. Please be sure to sign and date your letter. Thank you.

Applicant's Name: _____

Name of person providing letter of support: _____

Relationship to applicant: _____