GREAT LAKES
HEMOPHILIA
FOUNDATION
TODAY'S CARE, TOMORROW'S CURE.

Career Development SCHOLARSHIP

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 class, program and school you are seekign assistance with (Accredited, Not-For-Profit Schools)**
   Class: _____
   School: _____
   Address: _____

4.

Are you currently enrolled in this program?	☐ Yes ☐ No
If NO, have you applied?	☐ Yes ☐ No
Have you been accepted? (If No, go to number 5)	☐ Yes ☐ 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 of the program/class you are seeking assistance with?**

   Tuition:_____ Books: _____ Total:_____

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

   Other contributions?_____

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

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

   ☐ Yes (go to 5a) ☐ No

   5a. 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:		☐ Yes ☐ No	☐ Yes ☐ No ☐ Pending	
Work study funds:		☐ Yes ☐ No	☐ Yes ☐ No ☐ Pending	
Other scholarships:		☐ Yes ☐ No	☐ Yes ☐ No ☐ Pending	
Student loans:		☐ Yes ☐ No	☐ Yes ☐ No ☐ Pending	
Bank loans:		☐ Yes ☐ No	☐ Yes ☐ No ☐ Pending	
Grants:		☐ Yes ☐ No	☐ Yes ☐ No ☐ Pending	
Other: _____		☐ Yes ☐ No	☐ Yes ☐ No ☐ Pending	
	Total:			Total:

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

7. **What are your/your family's annual <u>out-of-pocket</u> 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.)

8. **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 _____.

9. **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 300 (min) - 500 (max) word typed narrative responding to the following discussion point. 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.**

   - Briefly describe 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.

2. **SCHOLARSHIP CHECKLIST**

   ☐ 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.

   ☐ Email **completed, typed, and signed application along with supporting materials to kkoppen@glhf.org.**

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 at 414.937.6782.

Great Lakes Hemophilia Foudnation
638 North 18th Street, Suite 108
Milwaukee, WI 53233