

The Hemophilia Outreach Center Memorial Scholarship

For High School Seniors

Presented by Hemophilia Outreach of Wisconsin

Administered by Literacy Green Bay

Congratulations on your decision to continue your education. Please read the criteria and application carefully. All information must be typed or printed.

Graduating high school students applications must be received at Literacy Green Bay by April 1st.

Only complete applications will be considered. Recipients will be notified by Literacy Green Bay.

To be eligible for this scholarship, the student must:

- Have a confirmed diagnosis of hemophilia, von Willebrand disease or platelet defect ***or***
- Be the child, parent, spouse or sibling of a person with hemophilia, von Willebrand disease, or platelet defect ***and***
- Reside in one of the following counties: Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Oneida, Outagamie, Shawano, Waupaca or Winnebago or upper Michigan or be an active patient of the Hemophilia Outreach Center
- Enroll full time (*12 or more credits per semester*) ***or***
- Part time (*2-11 credits per semester*) in:
 - An undergraduate course of study at a college or university
 - A course of study at a vocational/technical college.

Applicant Information

Name _____

Permanent Address _____
Street City State Zip

Home Phone (____) _____ Cell Phone (____) _____ Date of Birth _____

Who has the bleeding disorder and what is the type of diagnosis? _____

Are you working? Yes No If yes, where are you working? _____

Family Information (Complete those that apply to you)

Who do you live with? _____

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Number of children living at home _____ Older _____ Younger _____

Number of siblings attending college/technical school next year _____

Academics

Name and address of high school: _____

Grade Point Average _____ Do you feel your grades are an accurate index of your ability? _____

Explain any factors that may have negatively influenced your grades _____

College or technical school name _____

Address of the school's office that receives scholarship checks _____

If known major, degree or course study _____

I am applying for a scholarship for the following semester: Fall Spring Summer
 On line Class Other _____

Activities and Awards

Honors or Awards _____

Extra-curricular Activities _____

Community and Leadership Activities _____

Hobbies and Interests _____

Financial Information

Please estimate the percentage of your college expenses to be covered by the following categories

Parents_____% Loans_____% Self_____% Grants_____% Scholarships_____%

If known, list other scholarship award or assistance you have applied for or are receiving _____

Where will you live while in college: Home Dorm With friends Other Relative Other

Other financial issues you wish to explain _____

What other expenses will you incur to attend school this semester? Explain _____

Personal Statement

In a 1000 words or two pages or less, share information about yourself which you would like the Selection Committee to consider in evaluating your application. **This statement is used as one of the MAJOR criteria in the selection process. Please attach or enclose personal statement with your application.** You may wish to address any of the following:

High School Applicants

- Life goals
- Future aspirations
- Who or what motivated you
- Circumstances that have limited your participation in extracurricular activities or community service
- Greatest talents, gifts or accomplishments
- Impact of living with a chronic disorder
- What you have learned about yourself, life, etc.
- How you feel you will make an impact on the world around you

Application Materials

Please include the following with this application:

1. The above mentioned Personal Statement
2. A complete copy of your SAR (Student Aid Report) form
3. Most recent high school transcript, ACT/SAT scores
4. Two letters of reference (Non-family)
5. A recent photo, which will not be returned

Applications must be typed. Only completed applications will be accepted. If you have any questions, you can call Betsy Hanson of Literacy Green Bay at 920-435-2474 ex. 104 or email bhanson@literacygreenbay.org Please contact Literacy Green Bay for deadline dates.

Literacy Green Bay
424 So Monroe Ave
Green Bay, WI 54301

The Hemophilia Outreach Center

Memorial Scholarship

Presented by Hemophilia Outreach of Wisconsin

Administered by Literacy Green Bay

Medical Release

I understand that it may be necessary to contact my / parent / spouse / child / sibling's healthcare provider to verify having a bleeding disorder. The contacting person will only request verification of the bleeding disorder diagnosis.

I hereby give my permission to contact _____
(Fill in Physician Name or Treatment Center) at the following phone number: (____)_____

Name (Please print): _____

Signature _____ Date _____

If applicant is under age 18, please provide parent or lawful guardian's name and signature.

Parent or Guardian Name (Please print): _____

Signature: _____ Date _____

Public Relations Release

We would like to be able to promote the accomplishments of the scholarship winners. This may be in both general and hemophilia related media including but not necessarily limited to publications, newspapers, online services and/or television. *Please sign either paragraph #1 or #2.*

PARAGRAPH #1

I, _____, authorize the Hemophilia Outreach Center (HOC) and/or
(Print name legibly)

Literacy Green Bay to utilize any information submitted with this application with regard to any HOC sponsored event publicity for the Hemophilia Outreach Center Memorial Scholarship Program.

This includes, but is not limited to, my name, where I live, that I have a bleeding disorder or that there is a bleeding disorder in my family, the school I attend, my extracurricular activities, the amount of the scholarship I received, and any statements contained in my essay. I understand I will receive no compensation for use of any of the above information.

Name (Please print): _____

Signature _____ Date _____

If applicant is under age 18, please provide parent or lawful guardian's name and signature.

Parent or Guardian Name (Please print): _____

PARAGRAPH #2

Signature: _____ Date _____

I, _____, would prefer that the Hemophilia Outreach Center and/or Literacy Green Bay **not** utilize any of the information provided in my application. I understand that by signing this paragraph it in no way affects my chances of being chosen for the scholarship.

Name (Please print): _____

Signature _____ Date _____

If applicant is under age 18, please provide parent or lawful guardian's name and signature, Parent or Guardian Name (Please print): _____

Signature: _____ Date _____

This form is good for 4 years.