17200 Chenal Parkway, Suite 300 Box 326, Little Rock, AR 72223

Hemophilia Foundation of Arkansas Scholarship Application Instructions

Background

For the 2022 -2023 school year, the Hemophilia Foundation of Arkansas Inc. is awarding up to five (5) scholarships in the amount of $1,000.00. Checks will be made payable to the SCHOOL ONLY.

Calendar

- July 1, 2022 – Postmark deadline for complete applications – NO LATE EXCEPTIONS!
- August 15, 2022 – Disbursement made
- September 23, 2022 – Award presentation at the Family Retreat Educational Weekend

Eligibility

- All patients with a diagnosed and physician verified bleeding disorder, who live in the Hemophilia Foundation of Arkansas Inc. service area in the state of Arkansas, are eligible to apply; whether attending full or part time.
- Applicant must be a high school (or equivalent) graduate, seeking post-secondary education financial assistance from an accredited college, university, or trade school.
- If awarded, recipient must attend (or a member of your family may attend on your behalf) the Family Retreat on September 23, 2022, to report on your plans or an update of school.

Selection Criteria

- Personal qualities and references
- Special consideration for those with service to the bleeding disorder community
- The HFA Scholarship will be awarded to persons that support the mission of the Hemophilia Foundation of Arkansas

Application Process

- Submit a completed scholarship application (A1)
- Submit your application questionnaire (A2)
- Submit your transcripts (A3)
- Two references must submit reference questionnaire on your behalf, (R1 and R2)
- This application for scholarship becomes complete and valid only when ALL of the above are received by the Foundation, postmarked by the deadline of July 1, 2022. Mail to:
  Hemophilia Foundation of Arkansas
  17200 Chenal Parkway, Suite 300, Box 326
  Little Rock, Arkansas 72223

Please direct any inquiries to Angela Hodgdon at 501-428-5754

Hemophilia Foundation of Arkansas

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Applicant Information

Name:		
Date of birth:	Phone:	E-mail:
Current address:		
City:	State:	ZIP Code:

Physician's Certification (to be completed by Hematologist)

I certify that the applicant has a bleeding disorder		
Physician Name:		Telephone:
Business Address:		
City:	State:	ZIP Code:
Physician Signature:		

High School Information

Name of High School:		
Address:		
City:	State:	ZIP Code:
School Telephone:		Graduation or GED Date:

Post-Secondary School Data

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which applications have been sent.)

School:	City:	State:
School:	City:	State:

Please Specify: 4 year College or University 2 year Community or Junior College

OR Other (please explain):

Year in post-secondary program next school year: 1 2 3 4 5 or Graduate Study

Major Course of Study:

Anticipated date of graduation: Month Year

Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. This application becomes the property of HFA. All selection decisions are final and not subject to appeal.

Signature of applicant:	Date:
Signature of parent or Guardian (if applicant is under 18)	Date:

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(Additional paper may be used, if needed)

Have you ever applied for or received a scholarship from the Hemophilia Foundation of Arkansas before?

Applied for _____ Received _____

ACTIVITIES, AWARDS, AND HONORS

List all school activities in which you have participated during **the past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during **the past four years** (e.g., Boy/Girl Scouts, hemophilia community, hospital volunteer, Special Olympics). Indicate all special awards, honors and offices held and years held. Separate high school and college activities.

_____
_____
_____
_____
_____

GOALS AND ASPIRATIONS

Make a statement of your plans as they relate to your educational and career objectives and future goals.

_____
_____
_____
_____
_____

PERSONAL IMPACT

Please describe the impact that the bleeding disorder community has had on you.

_____
_____
_____
_____
_____

CONTRIBUTIONS

Please describe your contributions to the bleeding disorder community.

_____
_____
_____
_____
_____

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Transcript Information

1. Students currently enrolled in college must include all college transcripts of grades.

2. High school seniors and students who have completed less than one full term of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks _____ in a class of _____

Cumulative grade point average _____4.0 or 100 scale (circle)

SAT Verbal _____Math _____ **OR** ACT English _____ Math _____

OR Compass Test Scores Reading _____ Writing _____Math _____Algebra _____

School Name _____

School Telephone (____) _____

School Official's Name _____

School Official's Signature_____

Date Signed: _____

School Official's Title _____

Address _____

City_____ State _____ Zip _____

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References

(Additional space may be used, if needed)

Applicant must have **two** references. Two duplicate forms are included, one for each volunteer. Each form should be completed by someone you have worked with or for, other than a relative (i.e. an employer, volunteer organization, educator, religious affiliate, etc.) **Both forms must be mailed from each reference, to the foundation address above, by July 1, 2022.**

Name of Applicant_____

If space provided proves inadequate, information may be continued on additional sheets of paper.

How long have you known the Applicant? _____In what capacity? _____

_____

What are the Applicant's greatest strengths? _____

_____

_____

What characteristics of the applicant might present the greatest difficulties? _____

_____

_____

What is the reputation of the applicant, in your community?_____

_____

_____

Provide three adjectives to describe this applicant:_____

_____

If the applicant is awarded this scholarship, what kind of impact will it make on he/she?_____

_____

_____

Name of Reference_____ Title_____

Signature of Reference_____Date_____

Address of Reference_____

City _____State_____ Zip_____

Phone number of Reference_____

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City _____State_____ Zip_____

Phone number of Reference_____