



Hemophilia Foundation of Minnesota / Dakotas

SCHOLARSHIP APPLICATION

Requirements of Scholarship Applicants

- Must be a person with an inherited bleeding disorder.
- Must be a resident of Minnesota, North Dakota or South Dakota, and/or a patient of one of the Hemophilia Treatment Centers in these states.
- Must use the HFMD Scholarship to pursue a course of post-high-school education.
- **Completed scholarship application, letters of recommendation, and transcripts must be received by HFMD no later than June 2nd, 2008 to be considered for the following academic year. It is the applicant's responsibility to assure all forms are received at HFMD by June 2nd.**

Letters of Recommendation

A letter of recommendation form is attached for your use. Please make three (3) copies, complete the information at the top of each form, and ask three individuals to each complete the form and mail it directly to the HFMD office. HFMD must receive at least three (3) letters of recommendation (at least two from previous or current academic advisors or instructors and at least one from a friend, volunteer supervisor, or co-worker) by **May 30th**.

Letters will not be accepted from relatives or HFMD Program Committee members.

Transcript Request Form

A transcript request form is attached. Please use this form to request that your college or high school send a copy of your transcript.

Selection Process

The HFMD Scholarship Committee will review scholarship applications. **The completed transcript form together with an official copy of your transcript should be submitted to HFMD by June 2nd.** The HFMD Board of Directors will approve the Scholarship Committee Recommendations. Applicants will be notified of scholarship awards the second week of July.

Fund Distribution

Payments will be made to the academic institution that is being attended.

Please direct any questions to the HFMD office.

**750 South Plaza Drive, Suite 207 • Mendota Heights, MN 55120
Phone 651-406-8655 • 1-800-994-HFMD • Fax 651-406-8656**

I. Identification Information

1. Name: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Daytime Telephone Number: _____

5. Date of Birth: _____

6. Have you ever received a HFMD Scholarship Before? (*check one*):

_____ yes _____ no

If yes, when: _____

7. What is your bleeding disorder (diagnosis)? _____

8. Are you okay with your name being published in the *Veinline*, our quarterly newsletter?

_____ yes _____ no

II. Educational and Employment Information

9. Field of major interest: _____

10. Are you currently enrolled in an institution of higher learning?

_____ yes _____ no

if yes, **Name of institution:** _____

Correct mailing address: _____

Social Security Number or Student ID Number: _____

11. Name of institution you plan to attend: _____

Address: _____

12. Have you submitted you application? _____ yes _____ no

13. Have you been granted admission? _____ yes _____ no

14. Degree for which you expect to work: _____

15. Description of program of studies planned; _____

16. Position or profession for which you are preparing: _____

17. List, in order, all institutions from which you have received credit.
Please include resident study, extension, correspondence and summer terms.

Institution	Major field of Interest	Dates Attended	Diploma/Degree (if any)

18. Describe extracurricular activities (e.g. student council member, music, sports, honor society, school paper, school clubs, religious group, etc.)

19. Describe outstanding achievements and awards.

20. Describe employed and volunteer positions that you have held for more than one year.

Employed Positions: _____

Volunteer Positions: _____

III. Financial Information

21. Describe, below, the need for financial assistance to continue your education. Please outline your anticipated expenses and income for the coming year, as well as sources of financial assistance to which you applied.
22. Please provide, below, additional information that will enable the Program Committee to better evaluate your application. Be sure to include what you hope to gain from furthering your education. Also explain any academic problems (such as a withdrawal due to bleeding disorder complications).

IV. Declaration of Applicant

23. I certify that: a) the information I have submitted is true and accurate to the best of my knowledge, and b) I understand that any untrue information will disqualify my application from any consideration for a scholarship.

Signature of Applicant and Date



Hemophilia Foundation of Minnesota/Dakotas

SCHOLARSHIP APPLICATION
Letter of Recommendation

As part of the selection criteria letter(s) of recommendation MUST be received by June 2nd, 2008.

Scholarship Program
Hemophilia Foundation of Minnesota/Dakotas
750 South Plaza Drive, Suite 207
Mendota Heights, MN 55120

NAME OF HFMD SCHOLARSHIP APPLICANT: _____

Name of Person submitting recommendation _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____

Relationship to Applicant: _____

SIGNATURE AND DATE

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Hemophilia Foundation of Minnesota / Dakotas

SCHOLARSHIP APPLICATION
Transcript Request Form

As part of the criteria for applying for a scholarship, this information MUST be received no later than June 2nd, 2008.

I am applying for a post secondary scholarship with the Hemophilia Foundation of Minnesota/Dakotas and in order to meet all of the requirements, I am requesting a copy of my transcript be sent to:

Scholarship Program
Hemophilia Foundation of Minnesota/Dakotas
750 South Plaza Drive, Suite 207
Mendota Heights, MN 55120

Name of Student: _____

Address: _____

City, State & Zip: _____

Telephone Number: _____

SIGNATURE AND DATE

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