



Bleeding Disorders Association of Northeastern New York, Inc.

Application for Annual Scholarship

PLEASE READ:

An independent committee determines the scholarships granted under this fund. All decisions made by the committee are final. You will be notified of the outcome of the selection process by mail. Any information submitted with this application will become the property of the Bleeding Disorders Association of Northeastern New York, Inc. (BDANENY). You may be required to submit proof of registration if you are selected for a scholarship.

All information contained in this application will be utilized in determining the awarding of the scholarship.

A personal interview may be required at the discretion of the committee.

Applications for the annual scholarship will be completed in full, submitted to the scholarship committee, and **postmarked no later than March 15th** prior to the beginning of the fall school semester.

If attending courses or schools that do not initiate in the fall semester then the application will be completed in full and submitted to the scholarship committee at least 90 days prior to the first official day of the course.

One award per calendar year for the immediate household will be granted. Awards may be given to immediate family members that do not reside in the same household.

Awards will be as follows:

Vocational Schools	\$200.00
Associate Degree	\$300.00
Bachelor Degree	\$500.00

Part time attendance as defined by the attended institution is awarded 50% of the above monies.

**Bleeding Disorders Association of
Northeastern New York, Inc.**

Scholarship Fund

PERSONAL INFORMATION

NAME: _____

SOCIAL SECURITY NUMBER: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: Home (____) _____
Work (____) _____

DATE OF BIRTH: _____ **MALE** _____ **FEMALE** _____

PARENTS' NAME: **FATHER** _____

MOTHER _____

PARENTS' ADDRESS IF DIFFERENT FROM ABOVE:

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PARENTS' TELEPHONE NUMBER: Home (____) _____

Work (____) _____

**Bleeding Disorders Association of
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Scholarship Fund

HIGH SCHOOL ATTENDED: (Name, address and date of graduation)

COLLEGE OR VOCATIONAL SCHOOL APPLIED TO:
(Name and address)

**PLEASE LIST ALL HONORS, EXTRA CURRICULAR ACTIVITIES
AND ORGANIZATIONS THAT YOU HAVE BEEN INVOLVED
WITH:**

**Bleeding Disorders Association of
Northeastern New York, Inc.**

Scholarship Fund

**PLEASE LIST ALL SECONDARY OR VOCATIONAL SCHOOLS
ATTENDED:**

FINISHED _____ DID NOT FINISH _____

IF YOU DID NOT FINISH, PLEASE EXPLAIN WHY:

REFERENCES:

Please provide a short letter of reference from a high school teacher or guidance counselor if you are entering your freshman year of college. If this is not your freshman year, please provide a letter of reference from a faculty member of the college or vocational school you are currently attending. If you are a returning adult, please provide a professional reference. For example, a letter from your clergy, doctor or supervisor would be acceptable.

ESSAY:

Please submit a double-spaced, typed, 250-300 word essay on:

- a. How a bleeding disorder has impacted your life AND**
- b. Your goals and aspirations**

Grammar, spelling, and overall content will be considered when evaluating the application. Please refer to the attached rubric for more information regarding the evaluation of the essay.

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RELEASE OF INFORMATION:

I authorize the release of information to the Bleeding Disorders Association of Northeastern New York in order to verify all statements made in this application. I also give permission to use my name and/or photo in the Chapter Newsletter and/or any other press release that the Chapter deems appropriate.

I am an individual with a congenital bleeding disorder, or a member of the immediate family of a person so affected, in need of financial assistance to complete vocational or undergraduate studies at an accredited institution of higher education.

SIGNED: _____ DATE: _____

MAIL COMPLETED APPLICATIONS TO:

**ANNUAL SCHOLARSHIP FUND COMMITTEE
BLEEDING DISORDERS ASSOCIATION OF NORTHEASTERN NEW YORK
PO 947
Rensselaer, NY 12144**

Awards will be presented at the Annual Picnic in August at Grafton Lakes State Park, Rabbit Run, Grafton NY.

Checklist of required items for scholarship submission:

- **Application pages 2, 3, 4**
- **References**
- **Typed, double spaced 250 – 300 word essay**
- **Release of information signed and dated**
- **Wallet sized photo of yourself**

