



Lyman Fisher Scholarship Application

Background

The Virginia Hemophilia Foundation (VHF) Lyman Fisher Scholarship was established to honor Dr. Lyman Fisher a teacher, researcher, and clinician in hemostasis. For many years, he directed the adult hemophilia program for Virginia. He will be remembered for his steadfast commitment to his patients and students, his respect for those who served under him, his community service and his affection for his family.

Eligibility

Individuals living with an inherited bleeding disorder, their sibling or their parents who live in the territorial jurisdiction of VHF; which includes the State of Virginia, with the exception of the following: The cities of Alexandria, Fairfax, Falls Church, Herndon, Manassas, and Vienna and the counties of Arlington, Fairfax, Fauquier, Loudon, Prince William and Stafford.

Scholarship applicants must have participated in VHF activities.

Scholarships

Scholarships are one-year awards in the amount of \$2,000 for a full academic year. While two scholarships are available each year, VHF is not obligated to award scholarships in a given year. The scholarships may be used at any accredited nonprofit college, university, or vocational/technical school in the United States and are to be applied toward a student's educational expenses.

A student who receives an award one year may reapply in later years, but winning a scholarship in one year does not necessarily mean that the student will win in a later year. Also, a student who applies in one year and does not receive an award is eligible to apply the following year for the scholarship.

Application Procedure

The application can be found on the VHF website www.vahemophilia.org, under the "Services" tab.

Applications and/or supporting documents **received after May 1** will not be considered. Incomplete applications will not be considered. All applications are to be sent electronically to info@vahemophiila.org. Scholarship applicants will be notified of the committee's findings by June 15.

Payment of Scholarship Funds

Scholarship payments are not distributed directly to an individual, but are made via scholarship checks, payable to the schools. VHF staff will work with the award recipient(s) to process the scholarship funds.

Responsibilities of Recipients

Scholarship recipients must enroll as a college student in the fall of the year in which the scholarships are awarded and continue in school for the entire academic year without interruption, barring illness, emergency, or military service. If a scholarship recipient leaves school during the scholarship period, VHF may ask for reimbursement of scholarship funds.

Scholarship recipients are responsible for making certain that their scholarship checks are delivered to their colleges.



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Application Form:

Name _____ DOB _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

University, College or Vocational School Attending _____

Please indicate which year of school you are in/entering:

___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___ Other (_____)

Major Field of Interest _____ Rank in Class _____ GPA _____ SAT _____

Do you have a bleeding disorder? _____ if no, which family member(s) _____

What Disorder _____ Severity _____ HTC _____

1. **Please give a brief biographical sketch of yourself.** Include your interests, hobbies, vocational and educational goals, volunteerism and community involvement, work or internship experience and anything else you think is important for the screening committee to know about you.
2. **Please provide us with a detailed statement of financial need.** Include the cost of tuition, books, supplies, room and board, and transportation for each semester. Include the sources and financial amount you expect to receive for your college education (i.e. parents and family, yourself, college and state grants, scholarships, etc.)
3. **Please include a narrative essay, which should include:**
 - a. How the scholarship will help you achieve your academic goals
 - b. Your previous participation with the chapter and what you have done to contribute to the bleeding disorders community AND how you plan to contribute to VHF and the bleeding disorders community in the future
 - c. Any other pertinent information you would like to share with the chapter
4. **Please provide letters of recommendation** from at least **two** persons who are not family members but who know you well. One letter of recommendation should be from an HTC provider, nurse, social worker, or someone who knows you well from the bleeding disorders community. The other letter could be from your scout leader, minister, teacher, employer, guidance counselor, coach, etc.



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Declaration of Application

I certify that the information I have submitted is true and accurate to the best of my knowledge. Disclosing false information may jeopardize my award at any time.

Signature

Date

All information requested above MUST accompany this application to be considered for the scholarship.

Check List:

1. Application Form _____
2. Biographical Sketch of Yourself _____
3. Statement of Financial Need _____
4. Narrative essay that includes: _____
 - a. How this scholarship will help you achieve your goals
 - b. Previous participation with VHF and future contributions
 - c. Any other pertinent information you would like to share
5. Two letters of recommendation _____

Email the Application to VHF: info@vahemophilia.org

For Questions Contact VHF: 804-740-8643

Must receive electronic application by midnight of the due date to be considered

Due Date: May 1, 2018