

Teen/Young Adult Application for an Educational Scholarship to Attend the National Hemophilia Foundation (NHF) Annual Meeting

The Virginia Hemophilia Foundation (VHF) is pleased to offer a special educational scholarship for a **qualified individual, ages 16 to 24**, to attend the **NHF Annual Meeting in Orlando, FL** October 11-13, 2018. National Meetings enable our community to gather and exchange information on a variety of topics, from the basics of diagnosis to recent developments in treatment and technology. It is the premier opportunity for networking and support for individuals and families affected by inherited bleeding disorders.

Thank you to Bioverativ for their generous sponsorship of this educational scholarship.

Scholarship Guidelines:

- Scholarship recipients will be determined through a review process conducted by volunteers on the VHF National Meeting Scholarship Committee.
- The entire application, including the Scholarship Application Supplement (page 4 of this application), **must be submitted by midnight, May 1, 2018 to be considered.**
- Priority and/or special consideration is given to
 - First time attendees and those individuals not previously funded by VHF
 - Individuals who have volunteered and/or are an active member of VHF
 - Those individuals who are clearly able to communicate a need and benefit from attending such a meeting
 - Applicant's intention to make effective use of the information and training provided (for example - write an article in the Facts N' Factors newsletter or speak about the experience at an upcoming VHF event)
- Scholarships will cover airfare/mileage, hotel accommodations, and the national meeting registration fee. Not to exceed a total of \$1,000. You will be responsible for all meals and other incidentals, as well as the costs of any traveling companion and/or parent or guardian. Individuals under 21 must be accompanied by a parent or guardian.
- Affected individuals must write a letter to NHF requesting their registration fee to be waived.
- Applicants must reside in the VHF catchment area.
- Scholarship applicants understand that if they are selected, expenses are paid, and then they do not attend the meeting or fail to give a valid excuse they will be asked to reimburse VHF for all expenses incurred on their behalf.
- **Application must be emailed to VHF at info@vahemophilia.org**



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Scholarship Application

Please fill out the following application and return it to VHF by May 1, 2018 for National Hemophilia Foundation Annual Meeting in Orlando, FL October 11-13, 2018

Name: _____ Age: _____

Address: _____

Phone: (H) _____ (C) _____

Email: _____

How are you related to the person affected with an inherited bleeding disorder?

Self ___ I am the parent _____ Spouse _____ Other (explain) _____

Name and age of affected person if not self: _____

Type and severity of inherited bleeding disorder: _____

Have you ever been to an NHF Annual Meeting? Yes _____ No _____

If yes, how long ago did you attend and how many have you been to?

If awarded the scholarship, who will be attending with you as part of your scholarship?

Names, Ages, and Relationship to you: _____

List the ways you have volunteered and/or participated in a VHF Fundraiser: _____

Essay Section: (You may use a separate sheet of paper)

1. What type of inherited bleeding disorder you/your family is affected by, how it has impacted your life/lives, and what you would gain by attending a National Meeting.

2. Describe your previous participation with the chapter and how you plan to contribute to VHF and supporting other persons with inherited bleeding disorders.

I have read, understand, and agree to the scholarship guidelines: Yes _____ No _____

Name:(please print) _____

Signature: _____ Date: _____

Email the Application to VHF: info@vahemophilia.org

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

Scholarship Application Supplement

Date: _____

This letter confirms that _____
(Applicant Name)

is an active patient receiving care for an inherited bleeding disorder at _____

(Name of Clinic and/or Office)

Name (Please Print)

Date

Position at Clinic and/or Office

Phone Number

Signature

Email the Application Supplement to VHF: info@vahemophilia.org

Must receive electronic application supplement by midnight May 1, 2018