

## **Application for an Educational Scholarship to Attend a National Meeting (i.e. NHF/HFA)**

*The Virginia Hemophilia Foundation (VHF) is pleased to offer Educational Scholarships for National Meetings. 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.*

### **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 midnight of the due date to be considered
  - Scholarships are limited to funding availability
  - 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 and Factors newsletter or speak about the experience at an upcoming VHF event)
  - Scholarships will cover airfare/mileage, hotel accommodations, and national meeting registration fees. Not to exceed a total of \$2,000. You will be responsible for all meals and other incidentals
  - Affected individuals must write a letter to NHF requesting their registration fee to be waived. First-time attendees to HFA must apply for their scholarship program
  - Applicants must reside in the VHF catchment area
  - The VHF National Meeting Scholarship Committee will review applications twice a year – prior to HFA and NHF National Meetings (deadlines to be posted on the website). Request/submission for other meetings will be on an individual basis
  - 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](mailto:info@vahemophilia.org)**
  - **Application must be received electronically by midnight of the due date to be considered**
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### Scholarship Application

Please fill out the following application and return it to VHF by:

- **November 1, 2017** to be considered for the National Meeting Scholarship to Hemophilia Federation of America Symposium in Cleveland, OH April 26 - 29, 2018
- **March 12, 2018** to be considered for the National Meeting Scholarship to 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 \_\_\_\_ Parent \_\_\_\_ Spouse \_\_\_\_ Other (explain) \_\_\_\_\_  
\_\_\_\_\_

Name and age of affected person if not self: \_\_\_\_\_

Type and severity of inherited bleeding disorder: \_\_\_\_\_  
\_\_\_\_\_

Please check which meeting you are applying for:  
HFA Annual Symposium \_\_\_\_ NHF Annual Meeting \_\_\_\_

Have you ever been to an NHF/HFA 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing/able to attend if partial assistance is available? Yes \_\_\_\_ No \_\_\_\_

**Essay:** (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.

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

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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\**



410 N. Ridge Rd., Suite 215 | Richmond, VA 23229  
804-740-8643 | www.vahemophilia.org



### 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 to VHF: **info@vahemophilia.org**

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