Terry Lamb Enrichment Scholarship Application

VHF is pleased to offer the Terry Lamb Enrichment Scholarship that focuses on leadership, volunteerism and/or health promotion. The scholarship can be used for any program (i.e. camp, educational/life skill classes, fitness programs or activities, etc.) that enhances one’s self-esteem, confidence, overall health, leadership skills, areas of interest, development of life skills, and volunteerism.

Scholarship Guidelines:

- Scholarship applicants will be determined through a review process conducted by volunteers on the Scholarship Committee
- Scholarships are limited to funding availability
- Priority/special consideration is given to
  - First time applicants and those individuals not previously funded by VHF
  - Individuals diagnosed with an inherited bleeding disorder
  - Individuals who have volunteered and/or are an active member of VHF
  - Those individuals who are clearly able to communicate a need and would benefit from participating in such a program
  - Applicant’s intention to make effective use of the program (write an article in the Facts and Factors newsletter or speak about the experience at an upcoming VHF event)
- Scholarships will be for costs associated with registration/enrollment. You will be responsible for all other fees. Payment will be made directly to the entity OR a receipt must be provided for reimbursement. Documentation of attendance is required.
- Applicants must live within VHF’s territorial jurisdiction; which include the Commonwealth of Virginia, with exception of the following: The cities of Alexandria, Fairfax, Falls Church, Herndon, Manassas, Manassas Park, and Vienna and the counties of Arlington, Fairfax, Fauquier, Loudon, Prince William and Stafford
- Scholarship recipients understand that if they are selected, expenses are paid, and then they do not participate in the program or fail to give a valid excuse they may be asked to reimburse VHF for all expenses incurred on their behalf.
Scholarship Application

Please fill out the following application and return it to VHF. VHF must receive the application at least 1 month prior to application/payment deadline.

Name: ___________________ Age: __________

Address: __________________________________________

__________________________________________________________________________________

Phone: (Home) ___________________ (Cell) ___________________

Email: __________________________________________

Type and severity of inherited bleeding disorder:

__________________________________________________________________________________

Have you ever received funding from VHF? Yes ____ No ____

If yes, what was the funding for and how much was it for?

__________________________________________________________________________________

Program/Activity: ___________________ Dates of Activity: ___________________

Cost: ___________________ Application/Payment Deadline: ___________________

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

Explain what you hope to gain by participating in this program.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

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

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
I have read, understand, and agree to the scholarship guidelines. Yes_____  No_____  

Print your name__________________________________________________________

Signature_____________________________________________________________

Date_________

Email the Application to: info@vahemophilia.org