



# Lyman Fisher Scholarship Application

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## 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

While at least 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 **Application Deadline: 11:59 pm, Friday, March 29, 2024**

Applications can be completed using our online application form or you can use this paper application form and email the application to [info@vahemophilia.org](mailto:info@vahemophilia.org). The online application can be found on the VHF website [www.vahemophilia.org](http://www.vahemophilia.org), under the "Services" tab.

Applications and/or supporting documents **received after March 29** will not be considered. All letters of recommendation are to be sent electronically to [info@vahemophiila.org](mailto:info@vahemophiila.org).

## 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 not, 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. One letter 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.

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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](mailto:info@vahemophilia.org)

**For Questions Contact VHF:** 804-740-8643

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