



Terry Lamb Enrichment Scholarship

Virginia Hemophilia Foundation (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, national meetings, 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 recipients will be determined through a review process conducted by volunteers on the VHF 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 participant 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 for the newsletter or speak about the experience at an upcoming VHF event)
- Scholarships will be for costs associated with travel and/or attendance to an identified program. **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.

Questions or Concerns:

If you have questions about this scholarship (application process, whether the program and/or activity that you are requesting assistance with fits within the guidelines, how much funding is available, etc.) please reach out to **Kelly Waters at 804-740-8643 or info@vahemophilia.org**.



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Scholarship Application

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

Name: _____ Age: _____

Name of Parent or Guardian if under 18: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email: _____

Type and severity of inherited bleeding disorder and/or relationship to a person with an inherited bleeding disorder: _____

Where do you receive treatment for your bleeding disorder? Please list the name of the doctor and the location: _____

Have you or a family member ever received funding or a scholarship from VHF? Yes ____ No ____

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

Program and/or Activity you are applying for? _____

Dates of Activity: _____

Cost: _____ Application/Payment Deadline: _____

Would you be willing/able to participate in program and/or activity if a partial scholarship is offered/available? Yes ____ No ____

If no, please explain: _____



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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 VHF and support other persons with inherited bleeding disorders: _____

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

Print Name (applicant): _____

Signature (applicant): _____

Print Name (parent/guardian if applicant under 18):

Signature (parent/guardian if applicant under 18):

Date: _____

Email the Completed Application to: info@vahemophilia.org