

Terry Lamb Enrichment Scholarship Application & Guidelines

BACKGROUND

The Virginia Hemophilia Foundation (VHF) is pleased to offer the Terry Lamb Enrichment Scholarship that focuses on leadership, volunteerism and/or health promotion. Terry Lamb was a long-time VHF Board member and life-long community member and his incredible motivation and perseverance, as well as his efforts to engage, involve, and encourage the bleeding disorder community led VHF to establish the Terry Lamb Enrichment Scholarship. The scholarship can be used for any program or activity (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. It can also be used for travel grants to national meetings such as the National Bleeding Disorder Foundation (NBDF) Bleeding Disorders Conference and NBDF Washington Days. Click here for more information about travel grants.

ELIGIBILITY

Individuals living with an inherited bleeding disorder and their immediate family and/or household members who live in the territorial jurisdiction of VHF, which includes 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.

Scholarships are limited to funding availability and 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

Most scholarship applications can be submitted year-round. VHF must receive the application at least 6 weeks prior to the start of the program and/or the payment deadline. Applications for programs will be reviewed on an individual basis. Award amounts vary but are typically in the range of \$250 – \$500 per person. VHF is not obligated to award any scholarships in a given year.

The VHF Scholarship Committee will review applications for National Meeting Travel Grants prior to the NBDF Bleeding Disorders Conference and NBDF Washington Days. Click here for specific information, including deadlines. Award amounts may vary for a travel grant but are typically in the range of \$500-\$1000 per person (not to exceed \$2,000 per family).

Terry Lamb Enrichment Scholarship applicants must have participated in VHF activities or have been referred by their HTC or other healthcare provider that treats the inherited bleeding disorder.

APPLICATION PROCEDURE

Applications can be completed using our online application form or you can use the paper application form and email the application to info@vahemophilia.org. The online application can be found on the VHF website www.vahemophilia.org, under the "Services" tab. Please read and



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follow the application and instructions very carefully to receive full consideration for a Terry Lamb Enrichment Scholarship. If you don't know the answer, please type N/A. DO NOT leave any section blank. It is up to the applicant to follow up and make sure the application is received by the deadline.

VHF may follow up with the identified treatment provider to verify statements made in this application.

Scholarship recipients will be determined through a review process conducted by volunteers on the VHF Scholarship Committee. The committee hopes to notify all applicants within a month of submitting their application whether they will be awarded a scholarship, which will include the amount of their scholarship.

PAYMENT OF SCHOLARSHIP FUNDS

VHF staff will work with award recipient(s) to distribute the funds. Payment will be made directly to the entity OR a receipt must be provided for reimbursement. For travel grants, VHF may reserve and pay for hotel rooms directly, other reimbursements will be given directly to the individual based on the awarded amount once a receipt/invoice of payment has been submitted. Expenses beyond the identified scholarship amount is the responsibility of the recipient.

RESPONSIBILITIES OF RECIPIENTS

Documentation of attendance is required. Scholarship recipients understand that if they are selected, expenses are paid, that they are expected to attend the meeting and/or participate in the identified activity. Should an applicant not attend the meeting or participate in the activity they may be asked to reimburse VHF for all expenses incurred on their behalf.

QUESTIONS

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 kelly@vahemophilia.org.



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APPLICATION FORM Email the Completed Application to: info@vahemophilia.org Name: ______ Age: _____ Name of Parent or Guardian if under 18: ______ Address: ______ Cell Phone: _____ Email: _____ How did you hear about this scholarship ______ What are you applying for: ___ Travel grant to a National Meeting ___ Scholarship for a program or activity Have you or a family member received funding or a scholarship from VHF ______ Type of inherited bleeding disorder and/or relationship to a person with an inherited bleeding disorder: ______ Would you be willing and/or able to still participate in the meeting, program and/or activity if a partial scholarship is offered/available? _____ How has an inherited bleeding disorder affected you and/or your family's lives? Your response should be a minimum of 100 words. Explain what you hope to gain by participating in this meeting, program, and/or activity. Your response should be a minimum of 100 words. Describe your previous participation with the chapter and how you plan to contribute to VHF and support persons with inherited bleeding disorders. Your response should be a minimum of 100 words. **Declaration of Application** I certify that the information I have submitted is true and accurate to the best of my knowledge. I authorize the release of information to VHF to verify all statements made in this application. Disclosing false information may jeopardize my award at any time. I also give permission to use my name/and or photo in VHF's website, VHF News, or any other press release that VHF deems appropriate. Print Name (applicant): _____ Date: _____ Signature (applicant): ______ Print Name (parent/guardian if applicant under 18): _____ Signature (parent/guardian if applicant under 18): ______