

Lyman Fisher Scholarship Application & Guidelines

BACKGROUND

The Virginia Bleeding Disorders Foundation (VABDF) *formerly 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 VABDF/VHF, which includes the Commonwealth 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.

SCHOLARSHIPS

In 2026, VABDF/VHF will offer up to \$12,000 in scholarships. The award amount will vary based on the number of applicants that are selected and the scholarship rubric that the VABDF/VHF scholarship committee uses to evaluate academic performance, participation in school, community, and VABDF/VHF activities, a personal essay detailing educational and future career goals, and recommendation letters. The scholarships may be used at any accredited college, university, or vocational/technical school in the United States and are to be applied toward a student's educational expenses. VABDF/VHF is not obligated to award scholarships in a given year.

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.

Scholarship applicants must have participated in VABDF/VHF activities.

APPLICATION PROCEDURE

Application Deadline: Friday, May 1, 2026, at 5:00 pm

Applications must be completed using our online application form or email the pdf version to info@vahemophilia.org. The online and pdf application can be found on the VABDF/VHF website www.vahemophilia.org, under the "Services" tab.

All letters of recommendation are to be sent electronically to info@vahemophilia.org. **Applications and/or supporting documents received after 5:00 PM on Friday May 1st will not be considered.** It is up to the applicant to follow up and make sure these items are received by the deadline. Incomplete applications will not be considered.

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Please read and follow the application and instructions very carefully to receive full consideration for a VABDF/VHF Lyman Fisher Scholarship. If you don't know the answer, please type N/A. **DO NOT leave any section blank.**

Scholarship applicants will be notified of the committee's findings by June 1st.

PAYMENT OF SCHOLARSHIP FUNDS

Scholarship payments are not distributed directly to an individual, but are made via scholarship checks, payable to the schools. VABDF/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, VABDF/VHF may ask for reimbursement of scholarship funds.

Scholarship recipients are responsible for making certain that their scholarship checks are delivered to their colleges. Recipients must provide VABDF/VHF with information on where to send the check, as well as other pertinent information such as student identification number.

The recipient is responsible for determining the impact of the scholarship or grant on their annual tax returns. For more information, talk to a tax return preparer or go here: <https://www.irs.gov/taxtopics/tc421>.

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 Heather Conner at 804-740-8643 or heather@vahemophilia.org.

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APPLICATION FORM

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

How did you hear about the VABDF/VHF Lyman Fisher Scholarship

Do you have an inherited bleeding disorder _____

If not, which family member(s) _____

What type of inherited bleeding disorder do you or your family member have

Does the affected family member live in your household? _____

Where do you (they) receive treatment for your (their) bleeding disorder?

List the University, College, or Vocational School you are attending in the fall:

Please indicate which year of school you are in/entering:

___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___ Other _____

Major Field of Interest _____

What career path are you most excited to pursue and why?

GPA _____ Do you feel that your grades are indicative of your overall ability?

If "no", what were the factors that prevented you from doing better?

How do you intend to pay for college? _____

ESSAY QUESTIONS

Activities and Honors: Your response should be a minimum of 300 words. Include any special awards, honors or offices you held. Also, list and describe your interests, hobbies,

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vocational and educational goals, volunteerism and community involvement, and work or internship experience.

VABDF/VHF Involvement: Your response should be a minimum of 100 words. Outline your previous participation with the chapter and what you have done and hope to contribute to the bleeding disorders community.

Personal Essay: Your response should be a minimum of 300 words. Tell us about your long-term career and personal aspirations and how your academic goals will help you achieve them. Explain how this scholarship will support your academic journey and empower you to reach your full potential.

Please provide letters of recommendation from at least two people 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. The recommendation letters should be sent to info@vahemophilia.org AND must be received by the Friday, May 1st at 5:00 PM deadline.

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.

Signature

Date

All information requested above MUST accompany this application to be considered for the scholarship.

CHECK LIST

___Application Form

___Essay Questions

___Statement of Financial Need

___Two letters of recommendation

Email the Application to VABDF/VHF: info@vahemophilia.org

For Questions Contact VABDF/VHF: 804-740-8643

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