

THE WPCNHF SCHOLARSHIP 2019-2020

Sponsored by the Western Pennsylvania Chapter of the
National Hemophilia Foundation

Who is eligible for the WPCNHF Scholarship?

Any person or immediate family member of a person with hemophilia, von Willebrand Disease, or other inherited bleeding disorder is eligible to apply for this scholarship as long as she/he meets the criteria. The person with the bleeding disorder must either be a member of the Chapter, living in one of the 26 counties served by the Chapter, or be a patient of The Hemophilia Center of Western PA. The candidate must provide proof of enrollment in an accredited school or vocational/technical center and must submit a completed application within the established deadline. Only one full award per degree program or course of study will be granted to any individual. Individuals who have received a partial award (less than \$2,500) from WPCNHF in the past are welcome to reapply.

The Process

The 2019-2020 process will be as follows:

- Applications are being distributed by the Western Pennsylvania Chapter of the National Hemophilia Foundation.
- Applications must be received or postmarked by June 28, 2019. Incomplete or late applications will not be considered.
- Criteria should include academic excellence (past or present), community service, recommendations, and personal statements.
- Winner(s) will be announced at the WPCNHF Annual Meeting on Thursday, July 25, 2019.

Scholarship Funds

The WPCNHF Scholarship is a **one-time award** of up to \$2,500. The Chapter is delighted to be in a position to support our community in this way. We wish you the very best of luck as you pursue your dreams.

THE WPCNHF SCHOLARSHIP APPLICATION 2019-2020

*Scholarship Application for the 2019-2020 School Year
MUST BE RECEIVED OR POSTMARKED BY June 28, 2019*

Student's Name

Student's Address

Student's E-mail Address

With which bleeding disorder are you or your family member living?

Parent(s)/Guardian Name(s)

Parent(s)/Guardian Address(s)

Parent(s)/Guardian Phone Number(s)

Student's Phone Number(s) if different

What is the name of the school you are attending now? (If you are an adult returning to school, please explain.)

Please provide a copy of your current transcript. This does not need to be an official copy, but it **MUST** be received by the application deadline for your application to be considered. Also, please provide a current resume, including volunteer activities and dates of volunteer involvement.

Using a separate sheet(s) of paper, please type your answers to the following questions.

- 1) What are your academic goals? What would you like to be able to do after you receive your degree?
- 2) Why do you feel you would be a good choice for this scholarship award?
- 3) Please tell us about your volunteer activities, both inside and outside the bleeding disorders community.
- 4) Describe one of the more significant challenges that you, as a person living with a bleeding disorder (or family member of a person living with a bleeding disorder), have faced and what you have done to overcome that challenge.
- 5) Will you be or are you now receiving other financial aid for tuition and expenses? If so, in what amount(s) and from where?

Please provide two written recommendation letters from adults who are not related to you. These may arrive in hard copy or they may be sent via e-mail. For our confirmation, please include the names and phone numbers of these individuals. The letters of recommendation **MUST BE RECEIVED or POSTMARKED BY June 28, 2019** in order for your application to be considered. It is preferable for you to request letters be sent from these individuals directly to the Chapter at the address below.

**Western Pennsylvania Chapter
of the National Hemophilia Foundation
20411 Rt. 19, Unit 14
Cranberry Township, PA 16066**

or

info@wpcnhf.org

or

fax 724.741.6167

Checklist for Application Submission

- Type your answers to the questions on a separate sheet(s) of paper and attach them to the application.
- Staple forms in the top left corner.
- Include your name in the top right corner of each page.
- Request two adults, who are not related to you, to write letters of recommendation and submit them directly to WPCNHF via regular mail or e-mail. For our confirmation, please include the names and phone numbers of these individuals.

Please include with the completed application:

- A current resume, including volunteer activities and dates of volunteer involvement.
- Proof of enrollment in an accredited school or vocational/technical center.
- A copy of your current transcript, if applicable, should be included or sent to WPCNHF.

Mail or e-mail your application to:

Western Pennsylvania Chapter of the National Hemophilia Foundation
20411 RT 19, Unit 14,
Cranberry Township, PA 16066
info@wpcnhf.org

**Applications and letters of recommendation must be received or postmarked by
June 28, 2019.**

Applications that fail to meet this deadline will not be considered.