



# Bleeding Disorders Association of Northeastern New York, Inc.

P.O. Box 947  
Rensselaer, NY 12144  
(518) 729-3577  
[www.BDANENY.org](http://www.BDANENY.org)

## Application for Annual Scholarship

### Please Read:

An independent committee determines the scholarships granted under this fund. All decisions made by the committee are final. You will be notified of the outcome of the selection process by mail. Any information submitted with this application will become the property of the Bleeding Disorders Association of Northeastern New York, Inc. (BDANENY). You may be required to submit proof of registration if you are selected for a scholarship.

All information contained in this application will be utilized in determining the awarding of the scholarship.

A personal interview may be required at the discretion of the committee.

Applications for the annual scholarship will be completed in full and **postmarked no later than March 15<sup>th</sup> (Extended to April 15)** prior to the beginning of the fall school semester. Applicants are solely responsible for seeing that all required materials are submitted on time. Applicants must reside within the BDANENY service area. NOTE: Applications postmarked after the due date will not be accepted.

If attending courses or schools that do not initiate in the fall semester then the application must be completed in full and submitted to the scholarship committee at least 90 days prior to the first official day of the course.

One award per calendar year for the immediate household may be granted. Awards may be given to immediate family members that do not reside in the same household.

Awards will be as follows:

Vocational Schools	\$200.00
Associate Degree	\$300.00
Bachelor Degree	\$500.00

Part time attendance as defined by the attended institution is awarded 50% of the above monies.

DH/dh July 4, 2001  
Revised January 2014



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## Scholarship Fund

### Personal Information

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**If under 26 years of age please complete the following information:**

Parent or Guardian Names: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Address if different from above:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Telephone Number:

(\_\_\_\_) \_\_\_\_\_ Home or Cell

(\_\_\_\_) \_\_\_\_\_ Work

Email address \_\_\_\_\_



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## Scholarship Fund

High School Attended: (Name, address and date of graduation)

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College or Vocational School Applied to: (Name and address)

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Please list all honors, extra-curricular activities and organizations that you have been involved with:

Activity	From-Month/Year	To Month/Year	Hours



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## Scholarship Fund

Please list all secondary or vocational schools attended:

Finished \_\_\_\_\_ Did Not Finish \_\_\_\_\_

*If you did not finish, please explain why:*

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➤ **References:**

Please provide a short letter of reference from a high school teacher or guidance counselor if you are entering your freshman year of college. If this is not your freshman year, please provide a letter of reference from a faculty member of the college or vocational school you are currently attending. If you are a returning adult, please provide a professional reference. For example, a letter from your clergy, doctor or supervisor would be acceptable.

➤ **Essays:**

1.) Submit a double-spaced, 250-300 word essay on how a bleeding disorder has impacted your life.

*And*

2.) Submit a double-spaced, 250-300 word essay on my future efforts to educate my peers and others outside my family about bleeding disorders.

➤ **Briefly tell us what are your goals and aspirations:**

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**Grammar, spelling, and overall content will be considered when evaluating the application. Please refer to the attached rubric for more information regarding the evaluation of the essay.**



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## Scholarship Fund

### **Release of Information:**

I authorize the release of information to the Bleeding Disorders Association of Northeastern New York in order to verify all statements made in this application. I also give permission to use my name and/or photo in the Chapter Newsletter and/or any other press release or other forms of media that the Chapter deems appropriate.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

I am an individual with a congenital bleeding disorder, or a member of the immediate family of a person so affected, in need of financial assistance to complete vocational or undergraduate studies at an accredited institution of higher education.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

### **Mail completed Applications to:**

**Annual Scholarship Fund Committee**  
**Bleeding Disorders Association of Northeastern New York**  
**P.O. Box 947**  
**Rensselaer, NY 12144**

**Awards will be presented at a time and place to be designated by the BDANENY.**



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**Checklist of required items for scholarship submission:**

- Application pages 2, 3, 4,5**
- References**
- Two Typed, double spaced 250 – 300 word essays**
- Release of information signed and dated**
- Wallet sized photo of yourself**