



NHF COLORADO ACADEMIC SCHOLARSHIP PROGRAM 2017

NHF Colorado awards two scholarship annually, The Colorado Family Fund Scholarship and The Jana Marie Lambert Memorial Scholarship.

The scholarships are available to anyone with a bleeding disorder, immediate family members of those with a bleeding disorder, and immediate family members of those who have died due to complications of a bleeding disorder living in Colorado. The applicant must be in the process of seeking a post-secondary education, which can include a college or university, or a trade school.

The Colorado Family Fund awards \$2,500 and The Jana Marie Lambert Memorial awards \$1,000. You will be considered for both awards per one application.

An applicant is eligible to receive the grant multiple times, however, preference will be given to those who haven't received funding prior. NHF Colorado will take a number of factors into consideration when determining the award recipients:

- Chapter volunteer involvement;
- General volunteer involvement;
- Vision and future goals;
- Essay narrative;
- Academic merit.

Awarded scholarship monies cannot be distributed directly to an individual; if awarded, the NHF Colorado staff will work with the award recipient(s) to process the scholarship funds.

The Academic Scholarship Application must be received at the NHF Colorado office by **May 1, 2017**—no exceptions. NHF Colorado will accept applications postmarked on the due date. Illegible applications are not acceptable. Applications completed by anyone other than the applicant will not be accepted. Incomplete applications will not be considered. The recipients of the scholarship monies will be notified no later than June 1, 2017. In an effort to ensure confidentiality, applications will be seen by the NHF Colorado staff only.

For additional questions, please contact NHF Colorado:

NHF Colorado

info@cohemo.org

www.cohemo.org

Phone: (720) 545-0755

Fax: (888) 246-1758

1385 S. Colorado Blvd. Suite #610, Denver, CO 80222 * (720) 545-0755 * info@cohemo.org



NHF COLORADO ACADEMIC 2017 SCHOLARSHIP APPLICATION

Important application details:

- Please complete the following application and return via mail, E-mail, or Fax to the below address no later than **May 1, 2017**.

NHF Colorado
Attn: Academic Scholarship Program
1385 S. Colorado Blvd. Suite #610
Denver, CO 80222

info@cohemo.org

Fax: 888-246-1758

- Use a different color or style font for your responses.
- Preference will be given to those individuals who have not previously received academic scholarship funding.
- We will be contacting selected recipients after June 1, 2017 with final decisions for conference attendees receiving funds.

NHF Colorado Scholarship Application Checklist:

- ☐ Completed application
- ☐ Narrative
- ☐ Resume
- ☐ Letters of recommendation in an enclosed envelope (2)
- ☐ High school/college/university transcript
- ☐ Copy of acceptance letter from college/university (incoming freshman only)
- ☐ Copy of standardized test scores (optional)



APPLICANT INFORMATION

Today's Date:

Applicant's First and Last Name:

Address (Street, City, State, and Zip):

Phone number(s) (where you can be reached for follow up questions):

Email address:

Date of Birth:

The applicant is:

- ☐ Person with a bleeding disorder.
- ☐ Parent of a minor child with a bleeding disorder.
- ☐ A sibling of someone with a bleeding disorder.
- ☐ Other: Please describe _____

Type of bleeding disorder:



EDUCATIONAL HISTORY

I have graduated from high school:

- ☐ Yes. Graduation date (mm/yyyy): _____
- ☐ I will graduate from high school. Date (mm/yyyy): _____
- ☐ No

I am currently enrolled in a college, university or trade school.

- ☐ Yes. Graduation date (mm/yyyy): _____
- ☐ My anticipated graduation date (mm/yyyy): _____
- ☐ No

Please list any post high-school education or training.

School	Dates Attended	Degree Earned (if applicable)
1.		
2.		
3.		
4.		

Where do you intend to enroll or continue your education?

If you are not currently enrolled in a post-high educational school program (i.e. university), have you applied?

- ☐ Yes
- ☐ No
- ☐ Other: _____



Have you been admitted to a post-high school educational program?

- ☐ Yes
☐ No
☐ Other: _____

Semester of planned enrollment: _____

Please check your intended status:

- ☐ Full time
☐ Part time
☐ Other: _____

List any extracurricular activities and indicate if they were high school or college activities.

List any special recognition or awards you have received (i.e. honor roll, service/volunteer awards).



List NHF Colorado volunteer experiences.

List other volunteer experience.

EMPLOYMENT HISTORY

Please include a copy of your resume with your application or include your employed positions, dates of employment, and duties here.

Are you planning on seeking employment during your college/university attendance?

- ☐ Yes
- ☐ No
- ☐ Not sure

ADDITIONAL FINANCIAL RESOURCES

Are you currently receiving financial aid for your post-high school education?

- ☐ Yes
- ☐ No



Please indicate if you are receiving or planning to apply for:

- | | |
|--|----------------------------|
| <input type="checkbox"/> Guaranteed student loans. | Status: _____ |
| <input type="checkbox"/> University scholarship(s) | Status: _____ |
| <input type="checkbox"/> Work study funds | Status: _____ |
| <input type="checkbox"/> Bank loans | Status: _____ |
| <input type="checkbox"/> Parental/family support | Status: _____ |
| <input type="checkbox"/> Other | Describe and status: _____ |

What percentage of your total college/university expense are/will be paid through the financial aid checked above?

Please mark all that apply. I am a(n):

- ☐ Student who is claimed on my parent(s)' tax returns.
- ☐ Adult supporting myself. My annual income is: _____
- ☐ Adult supporting my dependent children and myself. Total number of dependents: _____

Please describe your current or anticipated housing status while enrolled in college or university.

- Campus housing
- Off campus housing
- Commuting, living with parents, or in own home

(Optional) Please describe any extenuating or special circumstances that place you in financial need during your time as a student.

(Optional) If you would like to share your performance on any standardized tests, please list your tests taken and test scores. Please provide copies of actual test scores.



SUPPORTING MATERIALS

- Please include an essay of 300 words or less describing your future vision, educational and career goals post college and the impact that this scholarship funding would have on your education (see below).
- Please include at least two letters of support. These letters must be included for your application to be complete and must be in a **Sealed Envelope** or they can follow the “**Academic Scholarship Letter of Recommendation Form**” link on the scholarship page. Submitting more than two letters will not affect your chances of being selected. Deadline for receiving this information is May 1, 2017.
 - One letter must be from a teacher, instructor or professor who taught you in a class and should address your potential to achieve your academic goals.
 - One letter can be from an employer, church leader, health care provider or other professional person who is involved in your life.

In writing this letter of reference have them include comments reflecting your knowledge and insight pertaining to the following areas: the individual's educational and career goals, how this individual's bleeding disorder and/family member's bleeding disorder has affected their educational and career goals, how you see this individual utilizing the scholarship, and any other information that you feel would be important for the committee reviewers to know.

- ✓ Please mail an official transcript (“issued to student” transcripts are not acceptable) from the school in which you are currently enrolled sent to NHF Colorado. *This transcript must be sent by postal mail to NHF Colorado. A faxed copy will not be accepted.* If you are currently enrolled in school, please have your most recent transcript sent. High school seniors entering college should send their high school transcript.



NARRATIVE

Is English your native language?

- ☐ Yes
- ☐ No

Please describe your future vision, educational and career goals. Describe the role that the Bleeding Disorder has played in influencing these goals. Indicate how receiving the scholarship will help you to meet these goals. Please limit your narrative to 300 words. The narratives will be evaluated in terms of content as well as grammar and style. Narratives should be in essay form--not an outline or list. Typed narratives are preferred although neat handwriting is also acceptable; please write clearly.



DECLARATION OF APPLICANT:

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. In the event that there is a change in any of the information presented in the application, I will promptly notify the Colorado Chapter of the National Hemophilia Foundation.

In the event that I am awarded a scholarship, I am_____ am not_____ willing to allow the NHF Colorado to use my name in organizational communications. *(Your decision on this item will have no bearing on the likelihood that you will be awarded a scholarship.)*

Signature: _____

Please submit application via **mail to:**

NHF Colorado
Attn: Academic Scholarship Program
1385 S. Colorado Blvd. Suite #610A
Denver, CO 80222

Fax to: (888) 246-1758

Or E-mail to:
info@cohemo.org

This application and all supporting material must be received by **May 1, 2017** in order to be considered. *Applications postmarked after May 1, 2017 will NOT be accepted.* Incomplete applications will not be evaluated.

Scholarship applicants will be notified of their scholarship status after June 1, 2017 via email or phone call.

For additional questions, please contact NHF Colorado:

NHF Colorado
Attn: Academic Scholarship Program
1385 S. Colorado Blvd. Suite #610
Denver, CO 80222
info@cohemo.org
www.cohemo.org
(720) 545-0755



DO NOT WRITE BELOW THIS LINE

To be completed by NHF Colorado Only

Application number:

Request approved by:

Amount approved:

Check number:

Date scholarship funds mailed:

Sent by:

Sent to:

Address (address, city, state, zip):