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## 2018 HSC Academic Scholarship Program

Hemophilia of South Carolina for over 22 years has set aside in its annual budget \$1,500 to provide three \$500 scholarships to its eligible members. A number of additional scholarships have been awarded when funding is available. This is an important service of support to the Board of Directors, so we encourage all eligible candidates to apply. An applicant is eligible to receive the grant multiple times, however, preference will be given to applicants who have not received this funding before. HSC will take a number of factors into consideration when determining the award winners including academic merit, leadership qualities, reference letters, financial need and the applicants essay letter content.

**To be eligible**, an applicant must meet the following criteria:

- ✓ Must be a resident of South Carolina;
- ✓ Enrolled or accepted at an accredited educational institution, to include accredited colleges, universities, and technical, vocational and trade schools.
- ✓ Must have a bleeding disorder, **or**
- ✓ Be a dependent child of a person with a bleeding disorder, **or**
- ✓ Be a sibling of a person with a bleeding disorder, **or**
- ✓ Be a parent of a dependent child with a bleeding disorder, **or**
- ✓ Be a spouse of someone with a bleeding disorder.

Checks will be made payable to the school of the recipient's choice. Scholarship recipients are also invited to attend our Annual Meeting in June in order for us to acknowledge their accomplishments.

Applications are available, upon request, by calling our chapter at 864-350-9941 or downloading an application off our website.

Completed forms must be returned by **April 20, 2018**. Please note that all forms must be completed in entirety to be considered and received on time, with no exceptions. Faxed, illegible and e-mailed applications are not accepted. Applications completed by anyone other than the applicant will not be accepted. The recipient of the awards will be ***notified no later than May 11, 2018***. In order to ensure confidentiality, applications will be reviewed and seen by HSC Staff and scholarship committee only.

For additional questions, please contact HSC at:  
**Hemophilia of South Carolina**  
**Attn: Academic Scholarship Awards Program**  
**439 Congaree Rd. #5**  
**Greenville, SC 29607**  
864.350.9941  
[Info@hemophiliasc.org](mailto:Info@hemophiliasc.org)  
[www.hemophiliasc.org](http://www.hemophiliasc.org)

**SCHOLARSHIP APPLICATION**  
***PLEASE ANSWER ALL QUESTIONS***

**PERSONAL DATA**

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone # where you may be reached \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Are you counted as a dependent on your parent's income taxes?    Yes \_\_\_\_\_ No \_\_\_\_\_

Are you dependent upon yourself for all financial needs?    Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please check level of income below)

Personal Annual Income: (below)                      Number living in your household: \_\_\_\_\_

<\$15,999 \_\_\_\_\_ \$16,000-\$29,000 \_\_\_\_\_ \$30,000-\$44,999 \_\_\_\_\_ \$45,000> \_\_\_\_\_

Do you have hemophilia or other bleeding disorder? \_\_\_\_\_ If yes, level of severity below

(Mild \_\_\_\_\_) (Moderate \_\_\_\_\_) (Severe \_\_\_\_\_) Do you have an inhibitor? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of hemophilia or bleeding disorder \_\_\_\_\_

If you do not have hemophilia, are you a sibling \_\_\_\_\_, parent \_\_\_\_\_, or spouse \_\_\_\_\_, of a person with hemophilia?

**EDUCATIONAL DATA**

**High School attended:** \_\_\_\_\_

**Year graduated or will graduate:** \_\_\_\_\_

**College or Educational Institution you plan to attend:** \_\_\_\_\_

**Field of Study:** \_\_\_\_\_

**Have you formally applied? \_\_\_\_\_ If so, have you been accepted? Yes \_\_\_\_\_ No \_\_\_\_\_  
(PLEASE PROVIDE COPY OF ACCEPTANCE LETTER)**

**Type of degree desired:** \_\_\_\_\_

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

**Please list any post-high school secondary education you have received or are currently pursuing.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I will graduate on** \_\_\_\_\_ **(date)**

**I will have completed a degree or other in:** \_\_\_\_\_

**FORMS AND RECOMMENDATIONS TO BE INCLUDED**

- ✓ **Most recent transcript from high school or college** (sealed in school envelope)
- ✓ **SAT scores**
- ✓ **Two (2) letters of recommendation:** *(call the office if you have questions here)*
  - 1 from school principal, guidance counselor, teacher, or professor**
  - 1 from someone in your community, church, work, volunteer organizations, etc., excluding family or relatives**
- ✓ **Essay**

**Please introduce yourself to the scholarship review committee by including:**

- **A brief summary about yourself** (hobbies, things you do enjoy, participate in, etc.)
- **Any organizations that you belong to or have belonged to**
- **Any awards you have been given**
- **Volunteer work you do or have done in your community, ie; church, school, or other organizations** (please include your involvement with HSC and any volunteer assistance you have provided to the chapter)
- **Your goals for the future**

Please write in your own words and **SIGN**

▪ **Narrative Question:**

Describe in your own words the impact that Hemophilia or a bleeding disorder has had on you and your family and describe the impact that this scholarship funding would have on your educational goals. Please include your career goals or activities directly related to your educational pursuits.

Please submit application via mail in **one package**:

1. Completed Application Forms
2. Transcripts
3. Letters of Recommendations
4. All Educational Materials, SAT Scores, Awards, Etc.

**Mail to:**

Hemophilia of South Carolina  
Attn: HSC Educational Scholarship Committee  
439 Congaree Road, Box #5  
Greenville, SC 29607

**PLEASE ADDRESS ALL QUESTIONS TO THE CHAPTER @ 864-350-9941.**

**This application and all supporting materials must be received by April 20, 2018 in order to be considered. Applications postmarked after April 20, 2018 will NOT be considered.**

**Faxed, illegible, or e-mailed applications are not accepted. Incomplete applications will not be evaluated.**

**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. In the event that there is a change in any of the information presented in the application, I will promptly notify Hemophilia of South Carolina. In the event that I am awarded a scholarship, I am \_\_\_\_\_ am not \_\_\_\_\_ willing to allow HSC to use my name in print or other communications material to the awarding of this scholarship to me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LETTER OF RECOMMENDATION**

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

(Please Print)

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Complete this form (or attach letters of recommendations to this form) and return to:

Hemophilia of South Carolina, 439 Congaree Road, Box #5, Greenville, SC. 29607

*All letters must be received by: April 20, 2018*

*(Additional sheets may be attached)*

## 2018 SCHOLARSHIP AWARD CONFIRMATION

(Please fill out this form should your application be awarded so we may complete your scholarship for payment).

I have been offered a scholarship grant for my use at the college, university, technical or vocational school I have named in the application.

I understand that the scholarship grant will be sent to my Bursar's account at the school I have named. If for any reason I do not attend or complete the term expected, I will notify Hemophilia of South Carolina at 1-864-350-9941 and any unused portion of the scholarship shall be refunded to same organization according to the refund policy specified by the Bursar's Office of named institution.

I have carefully read the terms that govern acceptance of this nonrenewable scholarship and accept the offer, as checked below.

\_\_\_\_\_ I accept the scholarship grant offered me under the terms of the scholarship.

Please print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number \_\_\_\_\_

Name of Institution \_\_\_\_\_

Address of Bursar's (Treasurer's) Office \_\_\_\_\_

Phone Number of Institution \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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To be completed by Hemophilia of South Carolina Only

Application Number: \_\_\_\_\_

Request approved by: \_\_\_\_\_

Amount approved: \_\_\_\_\_

Check number: \_\_\_\_\_

Date Scholarship funds mailed: \_\_\_\_\_

Sent by: \_\_\_\_\_

Sent to: \_\_\_\_\_

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

\_\_\_\_\_