Hemophilia Association of New York
Scholarship for 2019

The Educational Scholarship Program of the Hemophilia Association of New York (HANY) is offering scholarships of up to $7,000 for qualifying full-time study (Fall semester) at an accredited college, university, graduate school, or certified trade or vocational school for the coming school year.

Eligibility
Scholarships are available to persons with inherited genetic bleeding disorders (as diagnosed by a board-certified hematologist) and their children. Considerations will also be given to females who are carriers attested to by a board-certified hematologist. Applicants must live within the fourteen counties of southeastern New York (the five boros of New York City, Long Island, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties) served by HANY.

Application and supporting documents must be received by deadline. Incomplete application will not be processed. Deadline is May 10, 2019.

Complete applications with a postmark date later than May 10 will not be accepted.

Application Procedure
Applicants must complete and submit the following to the Hemophilia Association of New York, 131 West 33rd Street, Suite 11D, New York, N.Y. 10001.

1. Application form.

2. Up-to-date high school or college transcript. (Official transcript must be in an envelope with school stamp on the seal.)

3. One recommendation from a teacher or other person familiar with your background or achievements.

4. Essay by applicant (250 words or less): Discuss what are your future goals/plans and a particular event in your life that has played a significant part in making you who you are today.

5. Financial information including most recently filed form 1040 (first two pages, without schedules or attachments).

Selection of Recipient
Applicants will be chosen based on the total picture formed from the information provided by the application process. Preference will be given to students in the first year of post-secondary school education.

Please keep this page for your record.
HEMOPHILIA ASSOCIATION OF NEW YORK
2019 Scholarship Application [Confidential]

Type or print (clearly). Answers to any question may be continued on additional sheets of paper and attached to the application.

Date of application

Applicant’s name ________________________________________________________________

Last                      First                      M.I.

Home address ____________________________________________________________

Street or RFD    Apt. #

City                      State                     Zip Code

Date of birth: ________________

Contact Phone #: (____)___________ Email address: _______________________________

Check one: Applicant has:

☐ a bleeding disorder     ☐ a parent with a bleeding disorder

Type of bleeding disorder of applicant or parent: ________________________________
(As diagnosed by a board-certified hematologist.)

Factor level:  ☐ Mild      ☐ Moderate     ☐ Severe

Is applicant or parent registered at any of these Regional Comprehensive Hemophilia Treatment Centers?

☐ Long Island Jewish/Northwell ☐ Mt. Sinai ☐ NY Hospital/Cornell H.T.C.

☐ None of the above/ Which hospital applicant or parent is usually treated:

_____________________________________________________________________________

Name of parent/guardian or spouse: ______________________________________________

Last                      First                      M.I.

Relationship to applicant: ___________________ If Deceased, Year: ________________

Home address of parent/guardian or spouse: ______________________________________
(If different from applicant) Street or RFD

Apt. #      City                      State                     Zip Code

List all schools attended in grades 9 through 12 or if you have already attended college, list all colleges, universities you have attended, and dates of attendance. List first the institution you are presently attending or last attended.

**Current Cumulative GPA / Grade Average:** __________

<table>
<thead>
<tr>
<th>Name of High School/College/University</th>
<th>City/State</th>
<th>Attendance Dates (month/year)</th>
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<td>To</td>
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<td>2.</td>
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<td>To</td>
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School you plan to attend in the Fall: __________________________________________________________

Name
City
State

School level in the Fall (Ex: “freshman/ 1st year Graduate”) __________________________

☐ Graduate School
☐ 4 yr. College/University
☐ 2 yr. Community/Junior College
☐ Other (explain): ____________________________________________________________

Scholarship is only offered to full-time study for the Fall and/or Spring Semester.

Check one:  ☐ Full-Time Study  ☐ Part-Time Study

Major or course of study: __________________________________________________________

Month and year of college graduation (actual or expected) __________________________

Where will you live while attending college or graduate school?

☐ Dormitory
☐ At home
☐ Rented apartment
☐ With friends or relatives
☐ Other (specify) ____________________________________

Describe your involvement in extracurricular activities (if applicable) in high school or
college (class or school offices, band, athletics, dramatics, publications, etc.) and organized
out-of-school activities (scouting, church, etc.). Give the year(s) of your participation (that is:
freshman, sophomore, etc.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Special Awards, Honors or Positions</th>
<th>Hours Spent Per Week</th>
<th>Years of Participation</th>
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What special recognition have you received for outstanding schoolwork such as honors,
prizes, or scholarships in high school and/or in college? Give the year you received it.
___________________________________________________________________________

______________________________________

______________________________________

Please describe any part- or full-time jobs you have held during the past years:

Type of Employment: __________________________________________________________

Number of Hours: __________  Pay Rate: _________  Earning for Past Year: __________

HEMOPHILIA ASSOCIATION OF NEW YORK  2019 Scholarship Application
FINANCIAL INFORMATION
[All information is treated strictly as confidential]

Complete the following information about the school for which you plan to use this scholarship:

Annual Tuition ______________________________

Additional projected costs per year (fees/books/transportation/living & personal expenses.)
Total: _____________________

Assistance applied for or promised (grants, loans, awards). YOU MUST COMPLETE THIS.

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<tr>
<th>Source</th>
<th>Amount Per Year</th>
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Total number of persons in the parents or adult applicant’s household (including self, parents and dependents) is _______. Of this number, how many will be in college this coming year (including yourself)? _______

Attach copy of latest filed tax return [Form1040 (without schedules and attachments) or Form 1040A or Form 1040 EZ]

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
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<tbody>
<tr>
<td>Parents</td>
<td>Student applicant (&amp; Guardian)</td>
</tr>
<tr>
<td>Spouse</td>
<td>Spouse if applicable</td>
</tr>
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Non-Taxable Income:
1. Social Security benefits
   (Column 1: Include student’s Social Security benefit if received.)
   $ __________ $ __________
2. City or state benefits
   $ __________ $ __________
3. Other non-taxable income
   $ __________ $ __________

Total worth of cash, savings, checking account, and investments:
$ __________ $ __________

Medical and dental expenses not paid by insurance:
$ __________ $ __________

Annual cost of heating fuel, gas & electric:
$ __________ $ __________

Annual mortgage or rent: (specify which)
$ __________ $ __________

Certification: All of the information on this application and financial statement is true and complete to the best of my (our) knowledge.

____________________________________
Student applicant’s signature

____________________________________
Spouse’s signature (if applicable)

____________________________________
Parent/guardian’s signature