

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: _____

Name of High School/College/University	City/State	Attendance Dates (month/year)
1.		To
2.		To

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.

Source	Amount Per Year

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 [Form 1040 (without schedules and attachments) or Form 1040A or Form 1040 EZ]

	Column 1	Column 2
Non-Taxable Income:	Parents <input type="checkbox"/>	Student applicant (& Spouse if applicable)
	Guardian <input type="checkbox"/>	
	Spouse <input type="checkbox"/>	
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: (<u>specify which</u>)	\$ _____	\$ _____

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