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## **NHF NEVADA ACADEMIC SCHOLARSHIP PROGRAM 2017**

The Nevada Chapter of the National Hemophilia Foundation's (NHF Nevada) Academic Scholarship Program started through the generous contributions of a local family and medical provider. The scholarships are available to anyone living in Nevada with an inherited bleeding disorder. The applicant must be in the process of seeking a post-secondary education, which can include a college or university, or a trade school.

NHF Nevada provides scholarships annually in the amounts of \$250 - \$1,000. Students may reapply each year as long as they continue to meet the eligibility criteria. NHF Nevada will take a number of factors into consideration when determining the award winners including academic merit, leadership qualities, narrative and reference letters, financial need, and impact of bleeding disorder on educational activities. Awarded scholarship monies cannot be distributed directly to an individual; if awarded, the NHF Nevada staff will work with the award recipient(s) to process the scholarship funds.

The applications must be received at the NHF Nevada office by **April 1, 2017**--no exceptions. NHF Nevada will accept applications postmarked by the due date. 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 May 1, 2017. In an effort to ensure confidentiality, applications will be seen by the NHF Nevada staff and scholarship committee only.

For additional questions, please contact NHF Nevada:

NHF Nevada  
Attn: Academic Scholarship Program  
7473 W. Lake Mead Blvd., Ste 100  
Las Vegas, NV 89128  
[nevada@hemophilia.org](mailto:nevada@hemophilia.org)  
[www.hfnv.org](http://www.hfnv.org)  
(702) 564-4368



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## **NHF NEVADA ACADEMIC 2017 SCHOLARSHIP APPLICATION**

Important application details:

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

NHF Nevada  
Attn: Academic Scholarship Program  
7473 W. Lake Mead Blvd., Ste 100  
Las Vegas, NV 89128

- Preference will be given to those individuals who have not previously received academic scholarship funding.
- We will be contacting selected recipients after May 1, 2017 with final decisions for conference attendees receiving funds.

NHF Nevada Scholarship Application Checklist:

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



## **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.

**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

**Where do you intend to enroll or continue your education?**



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**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 awards).**

**List any ways you are involved with bleeding disorder community.**



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(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 a narrative of 300 words or less describing the impact that this scholarship funding would have on your education (see below). Feel free to include career goals or activities directly related to your educational pursuits.
  
- ✓ Please include a transcript from the school in which you are currently enrolled. High school seniors entering college should send their high school transcript.

### **NARRATIVE**

Is English your native language?

- Yes
- No

Please describe your 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.



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**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 Nevada Chapter of the National Hemophilia Foundation.

In the event that I am awarded a scholarship, I am \_\_\_\_\_ am not \_\_\_\_\_ willing to allow the NHF Nevada 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 Nevada  
Attn: Academic Scholarship Program  
7473 W. Lake Mead Blvd., Suite 100  
Las Vegas, NV 89128

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

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

For additional questions, please contact NHF Nevada:

NHF Nevada  
Attn: Academic Scholarship Program  
7473 W. Lake Mead Blvd., Suite 100  
Las Vegas, NV 89128  
[nevada@hemophilia.org](mailto:nevada@hemophilia.org)  
[www.hfnv.org](http://www.hfnv.org)



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**DO NOT WRITE BELOW THIS LINE**

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**To be completed by NHF Nevada Only**

**Application number:**

**Request approved by:**

**Amount approved:**

**Check number:**

**Date scholarship funds mailed:**

**Sent by:**

**Sent to:**

**Address (address, city, state, zip):**