

# The Mary M. Gooley Hemophilia Center Scholarship Fund Application

**Form must be returned by Friday, April 1, 2022**

<b>Applicant Information</b>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ Date of Birth: _____ County: _____ Diagnosis: _____
<b>Parent or Guardian Information</b>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Daytime Phone: (____) _____ Relationship to Applicant: _____ Diagnosis (if Center patient): _____
<b>Diagnosis Verification</b>	Please include signed documentation from a medical provider that verifies applicant's diagnosis. A "travel" letter from the treatment center is also acceptable.
<b>Financial Information</b>	The applicant's parent or guardian should complete the financial form attached to this application. If the student is self-supporting, he or she should complete the form. Provide a copy of the family's most recent Federal tax return, including Schedules A and B, if they were filed. Answer all questions, sign the form and submit the form and related attachments along with this application.
<b>Current School</b>	School Name: _____ Location : _____ Graduation Month, Year: _____
<b>Next Year's School</b>	Name and location of post-secondary school that you plan to attend. If unknown, please list in order of preference the schools in which applications for admission have been sent. _____ _____ _____ County: _____ Type of School: <input type="checkbox"/> 4-year college or university <input type="checkbox"/> 2-year college <input type="checkbox"/> Other _____ What level will you be next year? Undergraduate: 1 2 3 4 5    Graduate: 1 2 3 4 Planned course of study: _____ Anticipated Graduation Date: _____

<p><b>Essay</b></p>	<p>On a separate piece of paper, write an essay of no more than 1,000 words which includes answers to the following questions:</p> <ol style="list-style-type: none"> <li>1. What are your goals and aspirations?</li> <li>2. What has been your biggest challenge and how did you meet it?</li> <li>3. What else do you want the Selection Committee to know about you?</li> </ol>																																	
<p><b>Extra-Curricular Activities</b></p>	<p>Please list the extracurricular activities in which you have participated during the past two years. These may include after-school sports and clubs, student government, music programs, volunteer work, Scouts, religious youth group, pursuing a hobby and work experience.</p> <table border="1"> <thead> <tr> <th data-bbox="402 516 776 548">Activity/Job</th> <th data-bbox="792 516 1133 548">Where?</th> <th data-bbox="1149 516 1503 548">How often and for how long?</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Activity/Job	Where?	How often and for how long?																														
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<p><b>Unusual Circumstances</b></p>	<p>Please report and explain how any unusual family or personal circumstances have affected your achievement in school, work experience or your participation in school and community activities. How has hemophilia, a related bleeding disorder or hemochromatosis affected your life? Complete your statement on a separate page if necessary, using no more than 250 words.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																																	
<p><b>Transcript Information</b></p>	<p>An official transcript of grades is required. Students who have completed less than one full term of post-secondary education must include a high school transcript of grades.</p>																																	
<p><b>Checklist and Certification</b></p>	<p>This application becomes complete and valid only when you have returned all of the following materials:</p> <p><input type="checkbox"/> Application   <input type="checkbox"/> Letter from medical provider verifying diagnosis   <input type="checkbox"/> Financial Information  <input type="checkbox"/> Transcript   <input type="checkbox"/> Two Completed Recommendation Forms</p> <p>In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.</p> <p>Applicant's Signature: _____ Date: _____</p> <p>Parent/Guardian's Signature: _____ Date: _____  (Parent or guardian signature is required if applicant is under 21 years of age)</p>																																	