

The Mary M. Gooley Hemophilia Center Scholarship Fund Application

Form must be returned by Friday, April 5, 2024

Applicant Information	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ Date of Birth: _____ County: _____ Diagnosis: _____
Parent or Guardian Information	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Daytime Phone: (____) _____ Relationship to Applicant: _____ Diagnosis (if Center patient): _____
Diagnosis Verification	Please include signed documentation from a medical provider that verifies applicant's diagnosis. A "travel" letter from the treatment center is also acceptable.
Financial Information	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.
Current School	School Name: _____ Location : _____ Graduation Month, Year: _____
Next Year's School	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>Essay</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"> 1. What are your goals and aspirations? 2. What has been your biggest challenge and how did you meet it? 3. What else do you want the Selection Committee to know about you? 																																				
<p>Extra-Curricular Activities</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 1498 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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Activity/Job	Where?	How often and for how long?																																	
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<p>Unusual Circumstances</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>Transcript Information</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>Checklist and Certification</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>																																				