



## Hemophilia of Iowa Scholarship Fund Application Instructions

### Calendar

March 31, 2010 – Postmark Deadline for complete applications

May 1, 2010 – Notifications Sent

July 1, 2010 – Award Disbursement

### Eligibility Requirements

- Member of Hemophilia of Iowa through December 31, 2010. Memberships are on a calendar year schedule. This membership must be turned in before the scholarship postmark deadline or accompany the application. If membership is NOT turned in with the scholarship or before the scholarship deadline the scholarship will NOT be considered. No exceptions.
- Must have a diagnosed bleeding disorder or be an immediate family member (Sibling, Child, or Caregiver) of someone that has a diagnosed bleeding disorder
- Verification of diagnosis maybe required from your Physician upon request (We will notify you if this is required)
- High School Graduate before or in 2010
- Be enrolled in a degree seeking program at a U.S accredited College, University, or Trade School for the 2010-2011 academic year for a minimum of 6 credit hours

### Selection Criteria

- Community Service in the bleeding disorder community
- Personal Qualities
- The John Heisner Scholarship and the Dude Cremer Scholarship are awarded to persons that have supported the Mission of Hemophilia of Iowa.

### Application Preparation

Please submit TWO (2) sets of the following documents:

1. Completed Scholarship Application
2. Copy of Completed Membership Application for 2010 or a copy of the verification postcard
3. A typed summary of not less than one paragraph and no more than one page of your short range and long range career plans.
4. A typed summary of not less than one paragraph and no more than one page of your personal background related to the bleeding disorder community along with any specific contributions you have made to the Hemophilia of Iowa community in 2009. These contributions could possibly be considered for a Named Scholarship, which is an awarded on top of the scholarship award.
5. A typed summary of not less than one paragraph and no more than one page explaining your key reasons for selecting the profession you are pursuing.

*We strongly encourage you to type your Application and Summaries as it will make it easier for the selection committee to read. If you do not have access to a computer, you may neatly print the application in blue or black ink. Applications or Summaries that are illegible or incomplete will be disqualified. Check your Summaries for correct grammar, spelling, and punctuation.*

### Postmark Deadline

All materials must be mailed in one package that is postmarked on or before **March 31, 2010**. Mail to:

Hemophilia of Iowa Scholarship Fund c/o Shane Kelley  
22930 20<sup>th</sup> Street  
Fairbank, IA 50629

*All selection decisions are final and are not subject to appeal. Applications and supporting documents become the sole property of Hemophilia of Iowa and cannot be returned. It is your responsibility to inform the Committee Chair of any changes to your application. This includes, but not limited to, change of school and full or part time status.*

If you wish to inquire on the receipt or status of your scholarship please email Shane Kelley at [ssckelley@yahoo.com](mailto:ssckelley@yahoo.com) or call (319) 635-2839.

# HEMOPHILIA OF IOWA, INC



Please read attached requirements. No Late Applications Accepted.

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent(s) or Guardian(s) Name: \_\_\_\_\_ Phone: ( ) -

Student's Address: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) -

Have you turned in a membership form of Hemophilia of Iowa for 2010? Yes \_\_\_ Attached Y N

**\*\*\*Membership of either yourself or qualifying Caregiver is REQUIRED\*\*\***

Have you been diagnosed with a bleeding disorder? Y or N If yes, state diagnosis \_\_\_\_\_

If no, what is the name of person with bleed disorder \_\_\_\_\_

Relationship to person with bleed disorder - CAREGIVER CHILD SIBLING

Which Treatment Center do you or the person that has been diagnosed attend? \_\_\_\_\_

Would you be willing to assist in a fundraiser to help raise Scholarship money? YES NO

Institution/College you plan to attend or are attending: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Full Time (12 hours or Above) \_\_\_ Part Time (minimum of 6 hours) \_\_\_

College Address: \_\_\_\_\_ **\*\*\*For Payment of Scholarship\*\*\***

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ **\*\*\*NOTE, this is for payment verification!\*\*\***

High School you Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

High School Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give the Scholarship Committee permission to access confidential information in my files as necessary to

determine my scholarship need. Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Available Scholarships

**Bleeding Disorders-Up to \$1,500.00**

**Immediate Family Members of a Person with a Bleeding Disorder-Up to \$1,000.00**

**John Heisner-Up to \$1,000.00**

**Dude Cremer-Up to \$1,000.00**

Please reference the Hemophilia of Iowa Scholarship Fund Criteria outline. This goes into great detail of what is required to accompany this application. If the criteria outlined is not submitted, this scholarship will NOT be considered including Membership to HOI in 2010. If you have questions regarding this criteria, please contact Shane Kelley at (319) 635-2839 or email ssckelley@yahoo.com

**Mail completed application to:**

Shane Kelley - Scholarship Committee Chair, HOI  
20th Street Fairbank, IA 50629

22930