**Scholarship to Attend National Hemophilia Foundation’s (NHF’s)** **Washington Days 2019**

Virginia Hemophilia Foundation (VHF) is pleased to offer Education Scholarships to attend NHF’s Washington Days. NHF’s annual Washington Days empowers individuals in the inherited bleeding disorders community to impact the legislative process.

**Scholarship Guidelines:**

* Scholarship applicants will be determined through a review process conducted by volunteers on the Scholarship Committee
* Scholarships are limited to funding availability
* Priority/special consideration is given to:
  + First time attendees and those individuals not previously funded by VHF
  + Individuals diagnosed with an inherited bleeding disorder or parent/guardians of a minor who has been diagnosed with an inherited bleeding disorder
  + Individuals who have volunteered and/or are active constituents of VHF
  + Individuals who have participated in “Richmond Days” and/or serve on VHF’s advocacy work group committee
  + Those individuals who are clearly able to communicate a need and would benefit from attending such a meeting
  + Applicant’s intention to make effective use of the information and training provided (write an article in the Facts and Factors newsletter or speak about the experience at an upcoming VHF event)
* Scholarships will cover hotel accommodations. You will be responsible for all travel, meals and other incidentals
* Applicants must live within VHF’s territorial jurisdiction; which include the Commonwealth of Virginia, with exception of the following: The cities of Alexandria, Fairfax, Falls Church, Herndon, Manassas, Manassas Park, and Vienna and the counties of Arlington, Fairfax, Fauquier, Loudon, Prince William and Stafford
* Scholarship recipients understand that if they are selected, expenses are paid, and then they do not attend the meeting or fail to give a valid excuse they may be asked to reimburse VHF for all expenses incurred on their behalf.
* **Application must be emailed to VHF at info@vahemophilia.org**
* **Application must be received electronically by midnight of the due date to be considered**

**Scholarship Application**

Please fill out the following application and return it to VHF by **December 14, 2018** to be considered for the VHF Education Scholarship to attend NHF Washington Days 2019 **Washington Days Date:** March 27 – 29, 2019

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How are you related to the person affected with an inherited bleeding disorder?

Self: \_\_\_ Parent/Guardian: \_\_\_ Spouse: \_\_\_ Other: (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and age of affected person if not self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type and severity of bleeding disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been to Washington Days or any other NHF/HFA Annual Meeting?

Yes: \_\_\_ No: \_\_\_ *If yes, how long ago did you attend?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the ways you have volunteered and/or participated in a VHF Fundraiser\_\_\_\_\_\_\_\_\_\_\_\_

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**Essay: (You may use a separate sheet of paper)**

1. Explain what type of inherited bleeding disorder you or your family is affected by, how it has impacted your life/lives, and what you hope to contribute by attending NHF Washington Days.

2. Describe your previous participation with the chapter and how you plan to contribute to Virginia Hemophilia Foundation advocacy efforts.

I have read, understand and agree to the scholarship guidelines. Yes: \_\_\_ No: \_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email the Application to VHF:** info@vahemophilia.org

**\*Must receive electronic application by midnight of the due date to be considered\***