



Florida  
Bleeding  
Disorders  
Association™

### **The Daniel L. Carlin Memorial Scholarship Program**

Daniel L. Carlin is an amazing part of the history of our Florida bleeding disorders community. He was a friendly, outgoing, and thoughtful person with a big heart and he never missed a birthday or anniversary of those most special to him. With severe Hemophilia A as a child growing up in the 80s and a teenager in the 90s, Daniel navigated life with close family and his parents, Bob and Beth Carlin.

In the summer of 2000, Daniel passed away at the young age of 24 from complications of AIDS. His parents soon dedicated the *Daniel L. Carlin Memorial Scholarship* to help support higher education for students in the bleeding disorders community. Mr. Carlin also dedicated time to serving on Florida Bleeding Disorders Association Board of Directors in the 2000s and the Carlin family remains active in supporting the bleeding disorders community today.

In collaboration with the Carlin Family, Florida Bleeding Disorders Association proudly opens the 2025-2026  
**Daniel L. Carlin Memorial Scholarship Program**

#### **ELIGIBILITY**

- Must be a person with a bleeding disorder **OR** must have an immediate family member with a bleeding disorder; **however**, priority will be given to those with bleeding disorders
- Must be accepted into or enrolled in a postsecondary educational/vocational institution for the 2025/2026 academic year
- Priority consideration for first-time applicants and applicants actively involved with the bleeding disorders community

#### **REQUIRED MATERIALS**

- Completely filled out Application,
- Two (2) Letters of Recommendation (teacher, guidance counselor, employer, etc.),
- Copy of Letter of Acceptance or Proof of Enrollment, and
- Copy of unofficial college transcript(s), except for first-time postsecondary students.

**Applications must be completed with ALL required documents and submitted electronically or by U.S. postage and postmarked no later than JUNE 30<sup>TH</sup>, 2025 at 11:59 PM to:**

Florida Bleeding Disorders Association  
4901 NW 17<sup>th</sup> Way  
Suite 204  
Fort Lauderdale, FL 33309

**For electronic applications**, scan and email no later than **JUNE 30<sup>TH</sup>, 2025** at 11:59 PM to [info@floridahemophilia.org](mailto:info@floridahemophilia.org) with "Daniel L. Carlin Scholarship" in the subject line.

## 2025-2026 APPLICATION

### Florida Bleeding Disorders Association | Daniel L. Carlin Memorial Scholarship Program

<b>Applicant Name:</b>	
<b>Address:</b>	
<b>City/State/ZIP:</b>	
<b>Phone 1:</b>	
<b>Phone 2:</b>	
<b>Email 1:</b>	
<b>Date of Birth:</b>	

#### I am a:

- ☐ Person w/Hemophilia A      ☐ Person w/Hemophilia B      ☐ Person w/Von Willebrand Disease  
☐ Person with Platelet Deficiency      ☐ Spouse/Partner of person with bleeding disorder  
☐ Child of a person with bleeding disorder      ☐ Parent of a Person with bleeding disorder  
☐ Sibling of a Person with bleeding disorder      ☐ Other (please explain):

#### My medical team is:

- ☐ Arnold Palmer Hospital for Children's      ☐ Joe DiMaggio Children's Hospital  
☐ Johns Hopkins All Children's      ☐ Nicklaus Children's Hospital  
☐ St. Joseph's Hospital Center for Bleeding and Clotting Disorders      ☐ Lee Memorial Hospital  
☐ Nemours Children's Clinic, Jacksonville      ☐ Nemours Children's Clinic, Orlando  
☐ University of Miami HTC      ☐ University of South Florida Adult HTC  
☐ University of Florida      ☐ Other (Please list):

**My bleeding disorder physician is:** \_\_\_\_\_

#### Academics:

<b>Educational/vocational institution, name and location:</b>	
<b>Begin/began attending (mo/yr):</b>	
<b>Expected completion date (mo/yr):</b>	
<b>Current postsecondary GPA:</b>	
<b>Area of Study:</b>	

**Funding Sources (How are you paying for tuition, books, room and board, etc.):**

**Have you previously been a recipient student under the Daniel L. Carlin Memorial Scholarship program?**

☐ No. ☐ Yes. Year(s): \_\_\_\_\_

**Why are you pursuing this course of study?**

**What is your short-term goal (for the next year)?**

**What are your long-term goals (for the next 2-5 years, or more)?**

**What contributions do you hope to make to your personal development, your family, and your community?**

**Are you involved with the bleeding disorders community? If so, how?**

**Please list your school and extracurricular activities, memberships, awards and honors, publications, community service positions, work study programs.**

*I certify that all the information I have submitted is accurate and true.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

**Student ID:** \_\_\_\_\_

**Scholarship Office Address:** \_\_\_\_\_

\*If applicant is under 18, please have parent/guardian sign.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**