HEMOPHILIA ASSOCIATION OF NEW YORK
STOP THE BLEEDING

2024 HEMOPHILIA ASSOCIATION OF NEW YORK

EDUCATIONAL SCHOLARSHIP

Complete the application and return it to HANY for consideration. Awards will be applied for academic year Fall 2024 - Spring 2025

The Educational Scholarship Program of the Hemophilia Association of New York (HANY) is offering scholarships of up to $7,000 for qualifying full-time study (Fall/Spring semester) at an accredited college, university, graduate school, or certified trade or vocational school for the coming school year.

Eligibility

Scholarships are available to persons with inherited genetic bleeding disorders (as diagnosed by a board-certified hematologist) and their children. Considerations will also be given to females who are affected by a bleeding disorder (carriers) attested to by a board-certified hematologist. Applicants must live within the fourteen counties of southeastern New York (the five boroughs of New York City, Long Island, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties) served by HANY.

Application and supporting documents must be received by the deadline. Incomplete applications will not be processed. The deadline is May 17, 2024. Completed applications received after or with a postmark date later than May 17, 2024, will not be accepted.

Application Procedure

Applicants must complete and submit the following to the Hemophilia Association of New York, 131 West 33rd Street, Suite 11D, New York, N.Y. 10001 or by email to scholarship@hemophiliany.com. Please send application and supporting documents in one package to avoid confusion. Emails should be in pdf format. We ask that screenshots and scanned photos are done in high quality.

1. Application form
2. Up-to-date high school or college transcript. (Official transcript must be in an envelopewith school stamp on the seal).
3. One recommendation from a teacher or other person familiar with your background or achievements.
4. Essay by applicant please choose one (250 words or less):
   a. Can you tell us about a time you failed? What did you learn from that experience?
   b. *What goals and aspirations do you have for your future? How will your academic study contribute to your immediate or long-range career plans?*
   c. *Who has been a role model for you? (Elaborate on why)*
5. Financial information including you/your guardian(s) most recently filed 1040 form (*first two pages without schedules or attachments).*

Selection of Recipient

Applicants will be chosen based on the total picture formed from the information provided by the application process. Preference will be given to students in the first year of post-secondary school education.

Please keep this page for your record.

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HEMOPHILIA ASSOCIATION OF NEW YORK
2024 SCHOLARSHIP APPLICATION
[CONFIDENTIAL]

Type or print (clearly) Applicants' answers to any question may be continued on additional sheets of paper and attached to the application.

Date of Completion :

Name (Last, First) :

Full Address :

E-Mail :

Phone :

Date Of Birth :

Applicant has : ☐ a bleeding disorder

☐ a parent with a bleeding disorder

Factor level : ☐ Mild ☐ Moderate ☐ Severe

Type of bleeding disorder : (Applicant/Parent)

Is the applicant/parent registered at any of these Regional Comprehensive Hemophilia Treatment Centers?

☐ Long Island Jewish/Northwell
☐ Mount Sinai
☐ NY Presbyterian Weill Cornell
☐ Montefiore
☐ Other

Name of parent/guardian or spouse :

Relationship to applicant : If deceased, year :

Full Address (*If different from applicant*) :

List all schools attended in grades 9 through 12 or if you have already attended college, list all colleges, universities you have attended, and dates of attendance. List first the institution you are presently attending or last attended.

Current Cumulative GPA/ Grade Average:

Name of High School/College	*City/State*	*Attendance Dates (Month/Year)*
		To
		To

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School you plan to attend in the fall :

School City/State : Grade level in Fall:

Type of academic program :

- [ ] Graduate School
- [ ] Undergrad (4 year College/University)
- [ ] Associate's (2 year Community/Junior College)
- [ ] Other (Explain)

Please note the HANY Scholarship is only offered to full-time study for Fall and/or Spring Semester.

Major or course of study :

Expected program completion (Month & Year) :

Expected living situation

- [ ] Dormitory
- [ ] At home (commute/remote)
- [ ] Off-campus apartment
- [ ] Other (Explain)
- [ ] With friends/relatives

Describe your involvement in extracurricular activities (if applicable) in high school or college (class or school offices, band, athletics, dramatics, publications, etc.) and organized out-of-school activities (scouting, church, etc.). Give the year(s) of your participation (that is: freshman, sophomore, etc.)

Activity	*Special Awards/Honors/Positions*	*Hours (wk)*	# Year(s)

Certifications :

List any part-time or full time work experience	Hours	Pay Rate

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FINANCIAL INFORMATION
[CONFIDENTIAL]

Fill all fields with information related to the school/institution for which you plan to use this scholarship

Annual Tuition :

Projected annual expense costs (fees/books/transportation/living & personal expenses:

Assistance applied for or promised (grants, loans, awards). PLEASE COMPLETE.

Source	Amount Per Year

The total number of persons in the parents or adult applicant's household (including self, parents, and dependents) is ____ Of this number, how many will be in college this coming year (including yourself)? ____

Attach a copy of latest filed tax return [Form1040 (without schedules and attachments) or Form 1040A or Form 1040 EZ]

Non-Taxable Income:	Column 1 Parent/Guardian/Spouse	Column 2 Student/& Spouse
1. Social Security Benefits	$	$
2. City or State Benefits	$	$
3. Other non-taxable income	$	$
The total worth of cash, savings, checking & investment accounts	$	$
Medical & dental expenses not covered by insurance	$	$
The annual cost of heating, gas & electric	$	$
Annual mortgage or rent: (clarify)	$	$

Certification: All the information on this application and financial statement are true and complete to the best of my (our) knowledge.

Student applicant signature :

Parent/guardian's signature :