

HFM SCHOLARSHIP APPLICATION



January 1, 2010

Dear Scholarship Applicant,

The Hemophilia Foundation of Maryland (HFM) is pleased to announce the Doug Hiteshew Memorial Scholarship Program for the 2010-2011 school year to honor the memory of Mr. Hiteshew. Mr Hiteshew, who passed in 2009, believed that education was vital to youth with bleeding disorders. HFM will award 3- \$1,500 scholarships- to students in Maryland with hemophilia or von Willebrand Disease (vWD). Criteria for selection will be academic goals, transcripts of current academic work, volunteer work, recommendation letters, and essays.

Requirements for Application:

1. The applicant must have hemophilia or vWD.
2. The applicant must be a Maryland resident, or student who has attended a MD school at least 1 year .prior to applying.
3. Applicants who apply may be considering any field of study, but must be entering or attending a junior college, four-year college, university, or vocational school in the fall of 2010.
4. Current School transcript: high school, vocational school, or college transcript. must accompany the application.
5. Two letters of recommendation, along with the recommendation cover sheet on page 3 below, also completed essays and school transcripts, must accompany the application.
6. Once you have postmarked your application please email miller8043@comcast.net saying you have submitted an application.

Enclosed are all the necessary instructions and application forms that must be postmarked by May 1, 2010. Mail to: Scholarship, C/O Executive Director, Hemophilia Foundation of Maryland, 13 Class Court, Suite 200 Parkville, Maryland 21234. If you have any questions, please feel free to

HFM SCHOLARSHIP APPLICATION

contact me at miller8043@comcast.net. Scholarship recipients will be announced in writing by June 15, 2010.

Sincerely,

Emma Miller
Executive Director
Hemophilia Foundation of Maryland

HFM SCHOLARSHIP APPLICATION

.....
Doug Hiteshew Memorial Scholarship Application

Name _____ DOB _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
University, College or Vocational School: _____
I will be entering the _____ school year as a: _____
Major Field of Interest _____ Current GPA _____
Type of disorder: [] Hemophilia A [] Hemophilia B [] von Willebrand Disease
[] Other Hemophilia, please specify: _____
Severity _____

Essay

Write a minimum 1-page essay on each of following topics: Please attach both essays to this application

1. **“What are your career goals and why”**
2. **“Describe your previous participation with the chapter and how you plan to contribute to the Hemophilia Foundation of Maryland in the future”**

Recommendation Letters

Please obtain two letters of recommendation from persons who are not family members but who know you well. These persons could be your HTC doctor or nurse, scout leader, minister, teacher, employer, guidance counselor, or sports coach.

Transcripts

High school transcripts are needed for all applicants who are high school seniors, college freshmen, sophomores or juniors. If you are a college freshman, sophomore, or junior, college transcripts are also required containing grades for the first semester or quarter of the current academic year. Please attach transcripts to this application.

Applicant Signature

Date

HFM SCHOLARSHIP APPLICATION

All Information requested above MUST accompany this application and be postmarked by May 1, 2010 to be considered for the scholarship.

.....

Letter of Recommendation Cover Sheet

Please obtain at least one recommendation from a teacher or family friend and one from a person in the hemophilia community, i.e.: a physician, nurse coordinator, social worker, etc.

Name of applicant:

Recommendation Letter By:

Name (please print):

Signature: _____

Date: _____

Position and/or relationship to applicant: _____

Address:

Phone: (_____) _____

E Mail: _____

HFM SCHOLARSHIP APPLICATION

Letter of Recommendation Cover Sheet

Please obtain at least one recommendation from a teacher or family friend and one from a person in the hemophilia community, i.e.: a physician, nurse coordinator, social worker, etc.

Name of applicant:

Recommendation Letter By:

Name (please print):

Signature: _____

Date: _____

Position and/or relationship to
applicant: _____

Address:

Phone: (_____) _____

HFM SCHOLARSHIP APPLICATION

The Hemophilia Foundation of Maryland Mission and Goals



Our Mission

The Hemophilia Foundation of Maryland is a private Nonprofit Organization, which devotes its efforts to improving the quality of life for persons affected with bleeding disorders and their complications.

The mission is accomplished through outreach development, educational programs, informational literature, support services and patient referrals.

Goals

- To find a cure for hemophilia which will come through increased funding to support expanded research efforts.
- Assist hemophiliacs, persons with bleeding disorders and/or related problems within the state of Maryland.
- Aid in the education of hemophilia as well as other bleeding disorders and related problems.
- Provide timely and accurate information to the foundation membership, patients, families, medical professionals and the general public.
- To send as many children with bleeding disorders as possible to enjoy a camping experience under proper medical supervision in order for them to maintain a better quality of life.
- Assist in the establishment of facilities for care and treatment of bleeding disorders and related problems.
- Work closely with the staff at The Johns Hopkins Maryland Hemophilia Treatment Center.
- To continue our advocacy for an adequate and safe blood supply for all.