

# HOC Memorial Scholarship

Presented by



Administered by Literacy Green Bay

Congratulations on your decision to continue your education. Please read the criteria and application carefully. All information must be typed or printed legibly.

***Graduating high school student applications must be received at Literacy Green Bay by no later than April 1<sup>st</sup>.***

Only complete applications will be considered. Recipients will be notified by Literacy Green Bay.

- Have a confirmed diagnosis of hemophilia, von Willebrand disease, Hereditary Hemorrhagic Telangiectasia or platelet defect ***or***
- Be the child, parent, spouse or sibling of a person with hemophilia, von Willebrand disease, Hereditary Hemorrhagic Telangiectasia or platelet defect ***and***
- Reside in one of the following counties: Brown, Calumet, Chippewa, Clark, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Oconto, Oneida, Outagamie, Shawano, Sheboygan, Taylor, Waupaca, or Winnebago or upper Michigan or be an active patient of the Hemophilia Outreach Center
- Enroll full time (*12 or more credits per semester*) ***or***
- Part time (*2-11 credits per semester*) in:
  - o An undergraduate course of study at a college or university
  - o A course of study at a vocational/technical college.

## ***Applicant Information***

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

Street

City

State

Zip

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Who has the bleeding disorder and what is the type of diagnosis? \_\_\_\_\_

\_\_\_\_\_

Are you working? YES NO If yes, where are you working? \_\_\_\_\_

\_\_\_\_\_

**Family Information (complete those that apply to you)**

Who do you live with? \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Number of children living at home \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_

Number of siblings attending college/technical school next year \_\_\_\_\_

**Academics**

I am currently a **High School:** 0 Senior

Name and address of high school \_\_\_\_\_

Grade Point Average \_\_\_\_\_ Do you feel your grades are an accurate index of your ability? \_\_\_\_\_

Explain any factors that may have negatively influenced your grades \_\_\_\_\_

\_\_\_\_\_

College or technical school name \_\_\_\_\_

Address of office that receives scholarship checks \_\_\_\_\_

If known major, degree or course of study \_\_\_\_\_

I am applying for a scholarship for following semester:

Fall  Spring  Summer  Online Class  Other \_\_\_\_\_

**Activities and Awards**

Honors or Awards \_\_\_\_\_

Extra-curricular Activities \_\_\_\_\_

Community and Leadership Activities \_\_\_\_\_

Hobbies and Interests \_\_\_\_\_

## ***Financial Information***

Please estimate the percentage of your college expenses to be covered by the following categories

Parents \_\_\_\_\_%    Loans \_\_\_\_\_%    Self \_\_\_\_\_%    Grants \_\_\_\_\_%    Scholarships \_\_\_\_\_%

List other scholarship award or assistance you have applied for or are receiving \_\_\_\_\_

\_\_\_\_\_

Where will you live while in college:  Home  Dorm  With friends  Other Relative  Other

Other financial issues you wish to explain \_\_\_\_\_

What other expenses will you incur to attend school this semester? Explain \_\_\_\_\_

\_\_\_\_\_

## ***Personal Statement***

In 1000 words or two pages or less, share information about yourself which you would like the Selection Committee to consider in evaluating your application. **This statement is used as one of the MAJOR criteria in the selection process. Please attach or enclose personal statement with your application.** You may wish to address any of the following: **This statement is used as one of the MAJOR criteria in the selection process. Please attach or enclose personal statement with your application.**

- Life goals
- Future aspirations
- Who or what motivates you
- Circumstances that have limited your participation in extracurricular activities or community service
- Greatest talents, gifts or accomplishments
- Impact of living with a chronic disorder
- What you have learned about yourself, life, etc.
- How you feel you will make an impact on the world around you

## ***Application Materials***

Please include the following with this application:

1. The above-mentioned Personal Statement
2. A complete copy of your SAR (Student Aid Report) form
3. Most recent high school transcript, ACT/SAT scores
4. Two letters of reference (Non-family)
5. A recent photo, which will not be returned

**Applications must be typed. Only completed applications will be accepted.**

If you have any questions, you can call Kelly Severson of Literacy Green Bay at 920-435-2474 ex. 108 or email [kseverson@literacygreenbay.org](mailto:kseverson@literacygreenbay.org). Please contact Literacy Green Bay for deadline dates.

Literacy Green Bay - 424 S Monroe Ave I Green Bay, WI 54301

## **Medical Release**

I understand that it may be necessary to contact my / parent / spouse / child / sibling's healthcare provider to verify having a bleeding disorder. The contacting person will only request verification of the bleeding disorder diagnosis. I hereby give permission to contact (physician name or treatment center) \_\_\_\_\_ at the following phone number:

( ) \_\_\_\_\_

Name (please print): \_\_\_\_\_

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

*If applicant is under age 18, please provide parent or lawful guardian's name and signature.*

Parent or Guardian Name (please print): \_\_\_\_\_

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

## **Public Relations Release**

We would like to be able to promote the accomplishments of the scholarship winners. This may be in both general and hemophilia related media including but not necessarily limited to publications, newspapers, online services and/or television. *Please sign either paragraph #1 or #2.*

### **PARAGRAPH #1**

I, \_\_\_\_\_, authorize the Hemophilia Outreach Center (HOC) and/or Literacy Green Bay to utilize any information submitted with this application with regard to any HOC sponsored event publicity for the Hemophilia Outreach Center Memorial Scholarship Program. This includes, but is not limited to, my name, where I live, that I have a bleeding disorder or that there is a bleeding disorder in my family, the school I attend, my extracurricular activities, the amount of the scholarship I received, and any statements contained in my essay. I understand I will receive no compensation for use of any of the above information.

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

*If applicant is under age 18, please provide parent or lawful guardian's name and signature.*

Parent or Guardian Name (please print): \_\_\_\_\_

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

### **PARAGRAPH #2**

I, \_\_\_\_\_, would prefer that the Hemophilia Outreach Center and/or Literacy Green Bay **not** utilize any of the information provided in my application. I understand that by signing this paragraph it in no way affects my chances of being chosen for the scholarship.

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

*If applicant is under age 18, please provide parent or lawful guardian's name and signature.*

Parent or Guardian Name (please print): \_\_\_\_\_

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