**Application for an Educational Scholarship to attend**

**A National Meeting (i.e. NHF/HFA)**

*VHF is pleased to offer Educational Scholarships for National Meetings. National Meetings enable our community to come together and exchange information on a wide variety of topics, from the basics of diagnosis to the most relevant developments in treatment and technology. It is the premier opportunity for networking and support for individuals and families affected by bleeding disorders*.

**Scholarship Guidelines:**

* Scholarship recipients will be determined through a review process conducted by volunteers on the National Meeting 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 who have volunteered and/or are an active member of VHF
	+ Those individuals who are clearly able to communicate a need and 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 airfare/mileage, hotel accommodations, and annual meeting registration fees. Not to exceed a total of $2,000. You will be responsible for all meals and other incidentals
* Affected individuals must write a letter to NHF requesting their registration fee to be waived. First-time attendees to HFA must apply for their scholarship program
* Applicants must reside in the VHF catchment area
* The National Meeting Scholarship Committee will review applications twice a year – prior to HFA and NHF National Meetings (deadlines to be posted on the website). Request/submission for other meetings will be on an individual basis.
* Scholarship applicants 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 will be asked to reimburse VHF for all expenses incurred on their behalf.

**Scholarship Application**

## Please fill out the following application and return it to VHF

*By February 15, 2016 to be considered for the National Meeting Scholarship to*

## NHF Annual Meeting in Orlando, FL – July 21-23, 2016

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Self\_\_\_ I am the parent\_\_\_\_\_\_ Spouse \_\_\_\_\_\_ other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Have you ever been to an NHF/HFA Annual Meeting? Yes\_\_\_\_\_ No\_\_\_. If yes, how long ago did you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Explain what type of bleeding disorder you or your family is affected by, how it has impacted your life/lives, and what you hope to gain by attending the Annual Meeting.

Describe your previous participation with the chapter and how you plan to contribute to the Virginia Hemophilia Foundation and supporting other persons with inherited bleeding disorders.

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

Print your name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

***.***

Where to Return the Application:

Email: info@vahemophilia.org