



# EASTERN PENNSYLVANIA BLEEDING DISORDERS FOUNDATION

41 COUNTIES

1 MISSION

## SCHOLARSHIP APPLICATION

The Eastern Pennsylvania Bleeding Disorders Foundation awards undergraduate college and trade school scholarships to students with a bleeding disorder who are permanent residents of one of our 41-county coverage area and are treated at one the following six HTC's:

- Thomas Jefferson University Hospital
- Hospital of the University of Pennsylvania
- Penn State Hershey Medical Center
- St. Christopher's Hospital for Children
- Children's Hospital of Philadelphia
- Lehigh Valley Hospital – Muhlenberg

Scholarship recipients receive up to \$2,000 a year for a maximum of 4 years if the student remains in good standing with the college and completes a volunteer requirement at an EPBDF event each year. The Foundation awards up to 15 undergraduate scholarships per year.

### DEADLINES

Applications must be submitted to our office by AUGUST 15TH to be applied to the upcoming school year. Late applications will not be accepted.

\_\_\_\_\_  
First Name                      Middle Name                      Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Home Phone                      Cell Phone                      Email

\_\_\_\_\_  
Name of College/University Attending

Please circle which year of school you are entering:

Freshman      Sophomore      Junior      Senior

\_\_\_\_\_  
HTC and Diagnosis

937 Paoli Pike #1028, West Chester, PA 19380 [www.epbdf.org](http://www.epbdf.org)

The official registration and financial information of the Eastern Pennsylvania Bleeding Disorders Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.



## SUPPORTING MATERIALS

To process your application, EPBDF will need to have the following:

\*Completed application form

\*An essay (minimum 200 words neatly typed), which must include:

- How the scholarship will help you achieve your academic goals.
- Any other pertinent information you would like to share with the Foundation.

\*Copy of your tuition bill

\*Signed letter from your treatment center verifying your diagnosis of bleeding disorder

\*Head shot e-mailed to [lisa@epbdf.org](mailto:lisa@epbdf.org). The candidate must be dressed appropriately, and the photo must be high resolution (i.e., photo from graduation, prom, etc.). Please note that all scholarship recipients will be featured in our newsletter and on our website.

\*Which EPBDF event you would like to volunteer at and why. It is the student's responsibility to stay in touch with the Foundation regarding the volunteer opportunity.

## DECLARATION OF APPLICANT

I certify that the information I have submitted is true and accurate to the best of my knowledge. Disclosing false information may jeopardize my award at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SUBMIT APPLICATION AND ALL MATERIALS TO:

The Eastern Pennsylvania Bleeding Disorders Foundation  
Attn: Lisa Lee  
937 Paoli Pike  
#1028  
West Chester, PA 19380

937 Paoli Pike #1028, West Chester, PA 19380 [www.epbdf.org](http://www.epbdf.org)