



SCHOLARSHIP APPLICATION

Eastern Pennsylvania Bleeding Disorders Foundation and generous donors have partnered to award undergraduate college and trade school scholarships. To qualify, **you must be a permanent resident of one of the 41 counties in our coverage area**, and you must be treated at one of the following six Hemophilia Treatment Centers:

- 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



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 class roster (must include your name and student ID)

*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. 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
Liberty Place at Kennett Square
148 W. State Street, Suite 305
Kennett Square, PA 19348