Fall Semester, 2020
Awards: $500 to $3,000

At least one scholarship will be awarded to an applicant pursuing education in a health related field.

Application Submission Deadline: May 1, 2020

Candidates: Scholarships are intended for persons affected by a bleeding disorder*, including anyone who

➤ has been diagnosed with a bleeding disorder; or
➤ is a caregiver of a child or adult affected by a bleeding disorder; or
➤ has a sibling or parent in the same household affected by a bleeding disorder.

*For the purpose of this scholarship application, the term “bleeding disorder” is limited to clotting factor deficiency disorders, specifically: hemophilia A (factor VIII), B (factor IX), and C (factor XI), von Willebrand Disease, factor V/parahemophilia**, factor VII, factor X, and factor XIII deficiencies. (**Factor V Leiden is a clotting disorder and is not eligible). Exceptions for bleeding disorders that result from other rare diseases may be considered by the scholarship committee on a case by case basis.

Applicants must be seeking education from an accredited college, university, or certified training program. At least one award will be made to an applicant pursuing education in a health related field.

Awards are primarily merit based, but financial need will be considered as well. The applicant is strongly encouraged to include a copy of their current FAFSA (Free Application for Federal Student Aid) or other statement of need with their application package. In the absence of a statement of need, the scholarship review committee will assume that the applicant does not wish to have their financial situation considered in the award process.

All personal information will be treated as completely confidential. Hemophilia of North Carolina and Diplomat will never divulge the applicant’s name, address, financial or health-related information to any other organization, company or individual without their express permission. Scholarship winners may be asked (though not required) to submit a photograph and sign a release form for publicity purposes.

To obtain an additional application, send email to Chris Barnes: cbarnes@diplomat.is, or visit www.diplomatpharmacy.com/resources/nc-scholarship or hemophilia-nc.org/scholarships

Submit written application, essay, two (2) letters of recommendation, transcript(s), FAFSA (or other statement of financial need) to:

Diplomat/HNC Scholarship Committee
Hemophilia of North Carolina
260 Town Hall Drive, Suite A
Morrisville, NC 27560

866.442.4679 | diplomatpharmacy.com

Revised October, 2019
Application Form

PLEASE TYPE OR PRINT:

NAME: (LAST) __________________________ (FIRST) __________________________ (MI) ____

ADDRESS: __________________________________________________________

CITY: __________________________ STATE: ______ ZIP: ______________

HOME PHONE: __________________________ CELL PHONE: __________________________

AGE: ______ EMAIL: ______________

List all persons living in your household (including yourself):

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Bleeding Disorder?</th>
<th>Type of Bleeding Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yourself (applicant)</strong></td>
<td>—</td>
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<td>❑ YES / ❑ NO</td>
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<td>❑ YES / ❑ NO</td>
<td></td>
</tr>
</tbody>
</table>

Name, address and phone number of your hematologist(s) or treatment center:

NAME: __________________________

ADDRESS: __________________________

CITY, STATE, ZIP: __________________________ PHONE: __________________________

866.442.4679 | diplomatpharmacy.com

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EDUCATION:

High School:

NAME: _______________________________________________________________

CITY, STATE: ____________________________ YEAR OF GRADUATION OR GED: ______

College:  ☐ Accepted  ☐ Currently attending  ☐ Graduated

NAME: _______________________________________________________________

DEGREE: ________________

MAJOR/CONCENTRATION: ____________________________ YEAR OF GRADUATION: ______

Graduate or Professional School:  ☐ Accepted  ☐ Currently attending

NAME: _______________________________________________________________

DEGREE: ________________

MAJOR/CONCENTRATION: ____________________________ YEAR OF GRADUATION: ______

Anticipated Career: ______________________________________________________

SIGNATURE: ____________________________ DATE: ______________

My signature affirms that the information provided in this application is accurate to the best of my knowledge.

ADDITIONAL REQUIRED MATERIALS to be included with this application:

☐ Essay: Please submit a one- to two-page essay (typed or printed) describing your occupational goals and objectives in life, and how your — or your family’s — experiences with bleeding disorders have affected your choices.

☐ Two (2) letters of recommendation.

☐ High school and/or college transcripts.

☐ Strongly encouraged: A copy of your current FAFSA (Free Application for Federal Student Aid) or equivalent statement of financial need.

MAIL ALL MATERIALS TO:

Diplomat/HNC Scholarship Committee
Hemophilia of North Carolina
260 Town Hall Drive, Suite A
Morrisville, NC  27560

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