

George D. McCoy
Hemophilia of North Carolina
Education Scholarship



Fall Semester, 2019
Award: \$1,000

Application Submission Deadline: May 1, 2019

Candidates: Scholarships are intended for persons diagnosed with **severe hemophilia A**.

Applicants must be seeking education from an accredited college, university, or certified training program.

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.

All personal information will be treated as completely confidential. Hemophilia of North Carolina 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.

This scholarship program is funded by and administered by Hemophilia of North Carolina. Applicants are not required to be—nor will any preference be given to—residents of North Carolina.

**To obtain an additional application, send email to info@hemophilia-nc.org
or go to www.hemophilia-nc.org/scholarships**

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

**George D. McCoy Scholarship Committee
Hemophilia of North Carolina
260 Town Hall Drive, Suite A
Morrisville, NC 27560**

Special Note: Applicants who have been diagnosed with severe hemophilia A and who have already submitted an application for the Diplomat Specialty Infusion Group / Hemophilia of North Carolina Education Scholarship will automatically be considered for the George D. McCoy Scholarship. It is not necessary to apply to both scholarship programs.

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Application Form

page 1

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 (other than yourself):

| Name | Age | Relationship | Bleeding Disorder? <input type="checkbox"/> YES / <input type="checkbox"/> NO | Type of Bleeding Disorder |
|------|-----|--------------|--|---------------------------|
| | | | <input type="checkbox"/> YES / <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES / <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES / <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES / <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES / <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES / <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES / <input type="checkbox"/> NO | |

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

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

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Application Form

page 2

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 I have been diagnosed with severe hemophilia A, and 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 hemophilia have affected your choices.
- ✓ Two (2) letters of recommendation.
- ✓ High school and/or college transcripts.
- 📎 *Optional, but strongly encouraged:* **A copy of your current FAFSA** (Free Application for Federal Student Aid) or equivalent statement of financial need.

MAIL ALL MATERIALS TO:

**George D. McCoy Scholarship Committee
Hemophilia of North Carolina
260 Town Hall Drive, Suite A
Morrisville, NC 27560**