George D. McCoy
Hemophilia of North Carolina
Education Scholarship

Fall Semester, 2020
Award: $1,000

Application Submission Deadline: May 1, 2020

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. 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 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: Anyone who has been diagnosed with severe hemophilia A and who has submitted an application for either the George D. McCoy Scholarship or the Diplomat Specialty Infusion Group / Hemophilia of North Carolina Education Scholarship will be considered for both scholarships. It is not necessary to apply to both scholarship programs.
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 (other than yourself):

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<th>Age</th>
<th>Relationship</th>
<th>Bleeding Disorder?</th>
<th>Type of Bleeding Disorder</th>
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Name, address and phone number of your hematologist(s) or treatment center:

NAME: __________________________

ADDRESS: ____________________________________________

CITY, STATE, ZIP: __________________________ PHONE: __________________________
Application Form

EDUCATION:
High School:

NAME: __________________________________________

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

College: ❑ Accepted ❑ Currently attending ❑ Graduated

NAME: __________________________________________ DEGREE: __________

MAJOR/CONCENTRATION: ___________________ YEAR OF GRADUATION: ______

College 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.

❑ 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