

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](mailto:info@hemophilia-nc.org)  
or go to [www.hemophilia-nc.org/scholarships](http://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.*

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# Application Form

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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

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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 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