HEMOPHILIA FOUNDATION OF GREATER FLORIDA

for all bleeding disorders

January 1, 2016

Dear Applicant:

The Calvin Dawson Memorial Scholarship fund was established in honor of Calvin Dawson, late Executive Director of the Hemophilia Foundation of Greater Florida. Calvin was a hemophiliac who, after living with the HIV virus for fifteen years passed away April 1998.

He formerly served as Executive Director of the Florida Chapter of the National Hemophilia Foundation. Calvin was instrumental in seeking restitution and assistance for people with bleeding disorders and their families. His quest and determination for living rested on helping others, especially those in the bleeding disorder community. The intent of the scholarship fund is to continue the quest for those who are determined to succeed.

The scholarships are available for Florida residents with hemophilia, von Willebrands, and other related hereditary bleeding disorders. They are intended to provide financial assistance for recent high school graduates pursuing a post-secondary education at a college, technical or trade school, or through other certification programs (following high school). Scholarships will be awarded based on merit, need, community service, and aspirations reflected in an essay. The award will be given directly to the institution the recipient plans to attend.

If you have any questions regarding the following application process, please contact the Hemophilia Foundation of Greater Florida at 1-800-293-6527. Please submit your application, transcripts, and two reference forms by April 30, 2016 to the Hemophilia Foundation at 1350 Orange Ave, Suite 227, Winter Park, FL 32789. Recipients will be notified by July 30, 2016.

Sincerely,

The Hemophilia Foundation of Greater Florida

1350 N. Orange Avenue, Suite 227 • Winter Park, FL 32789 (407) 629-0000 • Fax (407) 629-9600 • (800) 293-6527 HFGF@HemophiliaFlorida.org • www.HemophiliaFlorida.org

Hemophilia Foundation of Greater Florida Calvin Dawson Memorial Scholarship Application

Type or print in ink all information. Application, transcripts, and letter(s) of recommendation must be mailed by April 30, 2016 to THE CALVIN DAWSON MEMORIAL SCHOLARSHIP c/o the Hemophilia Foundation of Greater Florida, 1350 Orange Ave, Winter Park, FL 32789. If you have any questions please call 800-293-6527.

I hearby apply for the Calvin Dawson Memorial Scholarship and submit the following information.

Name					
	LAST		FIRST	MIDDLE	
Home Addre	ess			Phone_()	
	STREET		APT#		
	CITY		STATE	ZIP	
Birth Date_					
	MONTH	DAY	YEAR		
What type o	f bleeding di	sorder do you	ı have?		
				ex of your ability? YES	S NO
Indicate you	ır college or s	school prefere	ence:		
First choice:					
Second choice	ce:				
If you have l	been accepted	d to attend a	college or trade scl	hool, please state:	
School:	chool:Beginning year:				
					-
School:	_		or trade school, pl	Year	
Location:					
What major	or course st	udy are you p	oursuing?		
Where will y	you live while	e attending sc	hool? Home	Dormitory	Apartment
•		•	dies? (Check all tl nScho		Other

What special academic honors, awards, recognitions, or scholarships have you received?				
What special civic honors, awards, or recognitions have you received?				
Have you ever volunteered for the Hemophilia Foundation of Greater Florida (HFGF)? If so when? What volunteer activities did you participate in? Special Consideration will be given to applicants that have volunteer/volunteered for the HFGF.				
List school activities and organizations in which you have participated. List offices or positions held in those organizations.				
List civic organizations of which you are/were a member. List community services in which you have volunteered time (within the last 5 years).				
What are your favorite recreational activities and hobbies?				

Briefly state your occupation program you have planned?	al objectives and goals in life. How can these be met by the educational	
CERTIFICATION		
	ed this Calvin Dawson Memorial Scholarship application. I certify that all contained in this application are true and correct, and that I am a qualified.	
Signed:	Date:	

The Hemophilia Foundation of Greater Florida 1350 Orange Ave, Suite 227 Winter Park, Florida 32789 800-293-6527

CHARACTER REFERENCE

Teacher or Employer (Please include Character references)

Application for the Calvin A. Dawson Memorial Scholarship

Note to Applicant: Please fill out the first four lines and then give this sheet to a teacher or an unrelated person who knows you well enough to answer all or most of the questions on this page.

Name of Applicant:
Address of Applicant:
College/School Applicant plans to attend:
Major course or program applicant plans to take:
What is your relationship to the above applicant?
How long have you known the applicant?
Considering your knowledge of this applicant, do you think the applicant will succeed in the school and major area or program that this individual has selected? Why or why not? Please explain.
What are the applicant's strengths?
What are the applicant's
weaknesses
Name of references
Name of reference: Title/Position
Address
Signature Date