

Diplomat Specialty Infusion Group / Hemophilia of North Carolina  
Education Scholarships  
**Fall Semester, 2019**  
**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, 2019***

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).

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.

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.

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

**To obtain an additional application, send email to Chris Barnes: [cbarnes@diplomat.is](mailto:cbarnes@diplomat.is), or visit <https://diplomat.is/pieces-of-interest/hemophilia-of-north-carolina-educational-scholarship-program/>**

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**

Diplomat Specialty Infusion Group / Hemophilia of North Carolina  
Education Scholarships  
**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 (including yourself):**

Name	Age	Relationship	Bleeding Disorder?	Type of Bleeding Disorder
<i>Yourself (applicant)</i>		—	<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	
			<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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**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.
- ✎ *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:**

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