

# DUGDALE-VAN EYS SCHOLARSHIP AWARD

## In honor of Dr. Marion Dugdale (Memphis) and Dr. Jan van Eys (Nashville)

The Tennessee Hemophilia & Bleeding Disorders Foundation recognizes the financial difficulties of families with hemophilia and bleeding disorders, and the hardship of funding higher education. Many years ago, in honor of the leadership provided by Doctors Marion Dugdale and Jan van Eys, School Scholarship Funds were established in their names to be awarded to high school graduates, undergraduates or technical school students. Applicants must receive treatment in Tennessee.

The scholarships are awarded on an annual basis, with the number of recipients and the amount awarded determined by available funds. Payment will be made in two increments, one for the fall semester and one for the spring semester. The Foundation prefers to make payment directly to the school or vendor. Proof of enrollment is required for the first semester's payment. Proof of enrollment, transcripts, and Completed Community Service forms must be mailed to the foundation in order to receive the second semester's payment. Receipts will be required for direct payments to the recipient.

### ELIGIBILITY:

College-bound high school seniors (graduate or GED), college students, technical school students with a bleeding disorder or the child, spouse or guardian of a person with a bleeding disorder. Applicants must receive treatment in Tennessee **and provide proof of bleeding disorder and HTC. Applicants must also have a GPA of 2.5 or higher to apply.**

### SELECTION CRITERIA:

The Scholarship Committee will be using a point system to evaluate the applicant. The criteria will be based on the following:

- A person with a bleeding disorder or a child, spouse or guardian of a person with a bleeding disorder. While not the deciding factor in bestowing awards, applicants with a bleeding disorder will receive first consideration. Applicants with a bleeding disorder must provide proof of bleeding disorder from their doctor.
- 2.5 GPA
- Resume
- 500 word essay on your "Life Goals"
- Three letters of recommendation
- Proof of enrollment/transcript
- Community Service form (10 hours required for previous years' scholarship recipients; Community Service hours encouraged for new applicants)
- **Applications must be filled out completely, incomplete applications will not be accepted (use N/A where not applicable)**
- Must be a full time student with a minimum of 12 **completed** credit hours per semester. If you fall below full-time status, you will not receive the second installment of the scholarship.

### APPLICATION DEADLINE:

**POST MARKED BY MAY 15TH**

### SCHOLARSHIPS AWARDED:

Number and amount varies based on applications received and available funds

**All Scholarships will be awarded at the discretion of the Scholarship Committee**

### AWARD ANNOUNCEMENT:

**JUNE 15TH** (approximately)

**APPLICATION:**

Complete this application and mail the original (not a copy) to the Foundation by **MAY 1st**:

**IT WILL NOT BE ACCEPTED IF IT IS NOT POSTMARKED BY MAY 1st**

**Application is to be typed or printed in ink.**

**MAIL TO:**

Tennessee Hemophilia & Bleeding Disorders Foundation  
Scholarship Committee  
201 E. Main Street, Ste 201  
Murfreesboro, TN 37130

Phone: 615-900-1486

**LETTERS OF RECOMMENDATION**

Three Letters of recommendation are required. Please fill in your name at the top of each form, and give them to the three people, requesting that each write a letter of recommendation for you (relatives may not be used). Please have your references complete the form and write the recommendation letter. You must gather all recommendation letters and send them in with your completed scholarship packet to the Foundation by **MAY 15th**. All completed letters of recommendation must be received before your application will be considered by the Scholarship Committee.

**TRANSCRIPT REQUEST FORM**

Please fill out the attached transcript request and give to your high school, technical school or college registrar, asking that the transcript be mailed to the Foundation with an official copy of your grade transcript.

**PHOTO FOR NEWSLETTER**

Please submit a recent photograph with your application for use in the Foundation's Newsletter, *The Pulse*.

**DEADLINE FOR RECEIPT OF APPLICATION, AND ALL REQUIRED MATERIALS, IS MAY 15th. IF YOU HAVE QUESTIONS, CONTACT THE TENNESSEE HEMOPHILIA FOUNDATION AT 615-900-1486.**

**TENNESSEE HEMOPHILIA & BLEEDING DISORDERS FOUNDATION  
DUGDALE- VAN EYS SCHOLARSHIP FUND**

**SCHOLARSHIP APPLICATION**

**PERSONAL INFORMATION**

Name of Applicant: \_\_\_\_\_ Student ID or SSN # \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: Married: \_\_\_\_\_ Divorced \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_

I am \_\_\_\_\_ I am not \_\_\_\_\_ a person with a bleeding disorder.

Hemophilia: Factor 8 \_\_\_\_\_ Factor 9 \_\_\_\_\_ Severity \_\_\_\_\_ Carrier \_\_\_\_\_ Symptomatic Carrier \_\_\_\_\_

VonWillibrand \_\_\_\_\_ Severity \_\_\_\_\_ Platelet \_\_\_\_\_ Other \_\_\_\_\_

I am related to a person with a bleeding disorder: Father \_\_\_\_\_ Mother \_\_\_\_\_ Son \_\_\_\_\_ Daughter \_\_\_\_\_

Name of person with bleeding disorder: \_\_\_\_\_

Hemophilia Treatment Center: \_\_\_\_\_

Number, age and relationship of persons entirely dependent on applicant:

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL INFORMATION**

College, university or technical school you are attending or plan to attend

\_\_\_\_\_

*Address where payment is to be sent, include department*

*Street Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

Your admission status at the above college, university or technical school:

I have applied: Yes \_\_\_\_\_ No \_\_\_\_\_ I have been accepted: Yes \_\_\_\_\_ No \_\_\_\_\_

Degree which you expect to earn: \_\_\_\_\_

Program of studies planned: \_\_\_\_\_

Profession or position for which you are preparing: \_\_\_\_\_

List in order all the institutions of education from which you have received credits. This includes resident study, extension, correspondence and summer terms.

Institution And Location	Major Field of Interest	Dates Attended	Diploma Degree, if any
_____	_____	_____	_____
_____	_____	_____	_____

Are you or will you be: \_\_\_\_\_ Full-time student \_\_\_\_\_ Part-time student:

In what year and semester are you in school: Year \_\_\_\_\_ Semester \_\_\_\_\_

Anticipated month and year of graduation: \_\_\_\_\_

**FINANCIAL INFORMATION**

Cost of Tuition per semester or quarter: \$ \_\_\_\_\_ Cost of books, same period \$ \_\_\_\_\_

Have you applied to Vocational Rehabilitation: \_\_\_\_\_ Yes \_\_\_\_\_ No If no, why not? \_\_\_\_\_

Amount of assistance requested from Foundation: \$ \_\_\_\_\_ From other resources: \$ \_\_\_\_\_

Are you or will you be employed during period of study: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain

If yes to employment, indicate type: \_\_\_\_\_

Please check range of gross household income per year. Information is for you \_\_\_\_\_ for parents \_\_\_\_\_

- \_\_\_\_\_ Less than \$15,000                      \_\_\_\_\_ 45,001-60,000                      \_\_\_\_\_ over 100,000
- \_\_\_\_\_ 15,000-30,000                      \_\_\_\_\_ 60,001-75,000
- \_\_\_\_\_ 30,001-45,000                      \_\_\_\_\_ 75,001-100,000

Number of persons living in home: \_\_\_\_\_ Number of persons in home under 18: \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Housing Costs: \_\_\_\_\_ Information is for You \_\_\_\_\_ or for parents \_\_\_\_\_

**TENNESSEE HEMOPHILIA & BLEEDING DISORDERS FOUNDATION  
DUGDALE-VAN EYS SCHOLARSHIP FUND**

**RELEASE OF INFORMATION**

Local Newspaper Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I give the Tennessee Hemophilia and Bleeding Disorders Foundation permission to release my picture and any scholarship award information to the local newspaper for publication.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I give my permission for the Tennessee Hemophilia & Bleeding Disorders Foundation to verify any and all information provided in this application. I certify that all information submitted is true and accurate to the best of my knowledge and I understand that any untrue information will disqualify this application from any consideration for a financial scholarship. I am willing to perform volunteer work in some manner for the Foundation. I agree to furnish any other information that may be requested of me.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TENNESSEE HEMOPHILIA & BLEEDING DISORDERS FOUNDATION  
DUGDALE-VAN EYS SCHOLARSHIP FUND**

**REQUEST FOR TRANSCRIPT**

\_\_\_\_\_  
Date

Please send an official transcript of my grades to:

Tennessee Hemophilia & Bleeding Disorders Foundation  
Scholarship Committee  
201 E. Main Street, Ste 240  
Murfreesboro, TN 37130

Thank you.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Last Day of Attendance

\_\_\_\_\_  
Year

\_\_\_\_\_  
Term

**Note to Educational Institutions:** Please attach this request to official transcript and return to address above.

DEADLINE DATE FOR RECEIPT OF TRANSCRIPT IS **MAY 15.**

\_\_\_\_\_  
Signature of Applicant

**TENNESSEE HEMOPHILIA & BLEEDING DISORDERS FOUNDATION  
DUGDALE-VAN EYS SCHOLARSHIP FUND**

**LETTER OF RECOMMENDATION**

**Name of Applicant:** \_\_\_\_\_

Persons making recommendations are requested to use this form and mail it by **MAY 15** to:

Tennessee Hemophilia & Bleeding Disorders Foundation  
Scholarship Committee  
201 E. Main Street, Ste 240  
Murfreesboro, TN 37130

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Relationship to Applicant