

CBDC Scholarship Fund Application Form

Your Checklist/We need

- { } Completed application
- { } 2 Letters of recommendations—Sent directly to the Foundation from your references
- { } Transcript
- { } Letter from your doctor confirming a comprehensive visit(s) to a bleeding disorders treatment center

PLEASE PRINT OR TYPE RESPONSES AND COMPLETE ALL SECTIONS

Student name: Last _____ First _____ MI _____

Permanent address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Date of Birth: _____

With what type of bleeding disorder have you been diagnosed.

Hemophilia Von Willebrand Disease Other _____

High school attending or attended: _____ Graduation Date: _____

Educational institution you will attend or are attending: _____

Anticipated Date of Enrollment: _____ School Enrollment: _____ Full-time _____ Part-time

How do you anticipate meeting your education expenses? _____

List all school or community activities in which you have participated in (e.g. student government, sports, etc.) and the year in which you participated. Also, highlight any special awards, honors, and offices held. *If you need additional space, please attach a separate sheet.*

Work Experience: List your paid work experience during the past four years. *If you need additional space, please attach a separate sheet.*

Position	Employer	Date of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

By your signature on this application, you hereby attest that the information provided is true and correct.

Signature: _____ Print: _____ Date: _____