



# BioRx / Hemophilia of North Carolina Educational Scholarships

**Fall Semester, 2012**

## **Award: Four (4) \$2,000 Scholarships**

*At least one scholarship will be awarded to an applicant pursuing education in a health related field.*

*Application Submission Deadline: May 1, 2012*

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, B, and C; von Willebrand Disease; and factor V (parahemophilia), factor VII, factor X, and factor XIII deficiencies.

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 may be considered as well. The applicant is encouraged, though not required, to include a copy of their current FAFSA (Free Application for Federal Student Aid) with their application package.

This Scholarship program is funded by BioRx 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 application, send email to Chris Barnes: [cbarnes@biorx.net](mailto:cbarnes@biorx.net)**

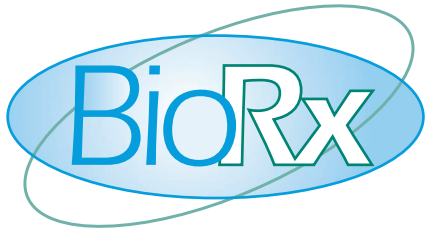
Submit written application, essay, letters of recommendation, and transcript(s), (plus optional FAFSA) to:

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



*Revised May 24, 2011*

**1-888-44-BIORX | 1-866-442-4679 | [www.biorx.net](http://www.biorx.net)**



# BioRx / Hemophilia of North Carolina Educational 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>Self</i>		<i>Self</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: \_\_\_\_\_



# BioRx / Hemophilia of North Carolina Educational Scholarships

## Application Form

page 2

### 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: \_\_\_\_\_

### 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 letters of recommendation.**
-  **High school and/or college transcripts.**
-  *(Optional)* **A copy of your current FAFSA** (Free Application for Federal Student Aid).

### MAIL ALL MATERIALS TO:

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



10-21-0511

Revised May 24, 2011