



**SWOHF**

SOUTHWESTERN OHIO  
HEMOPHILIA FOUNDATION

## **2024 Brad Miller Memorial Scholarship Application/Information**

**Application Process:** Each application must include the following documents, sent together in one package:

- 1) Completed application (see next page)
- 2) Essay (see instructions below)
- 3) Proof of enrollment or letter of acceptance to a college or technical school
- 4) Letter from Hemophilia Treatment Center staff documenting a bleeding disorder diagnosis and that applicant is current with visits/treatment.  
Contact Dayton Children's HTC:
  - via email [CoffeyC@childrensdayton.org](mailto:CoffeyC@childrensdayton.org)
  - or phone 937-641-5877
- 5) Letter of recommendation from a teacher, community member or employer
- 6) Copy of the most recent transcript with cumulative grade point average (GPA)

**Deadline:** Application and supporting documents must be submitted by July 3, 2024. No incomplete applications will be considered.

**Announcement of Scholarship Recipients:** Decision by the scholarship committee will be announced by July 31, 2024.

**Submission of Application:** The completed application and supporting documentation should be submitted electronically to [joy@swohf.org](mailto:joy@swohf.org) or fax to 937-298-8080

**Questions:** For questions about the application process, please contact Sandra Hibner at [sandraahibner@gmail.com](mailto:sandraahibner@gmail.com) or call the SWOHF Office during business hours at 937-298-8000

**Special Provisions:** Payment will be made directly to the student's university/college or technical school.

## **2024 Brad Miller Memorial Scholarship Application**

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

Home Mailing Address/Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address \_\_\_\_\_

Daytime Telephone Number: (     ) \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

High School (if recent graduate) or institution currently attending: \_\_\_\_\_

Bleeding disorder diagnosis: \_\_\_\_\_

- List any academic honors, awards and membership activities:
  
- List any community service activities, hobbies, outside interests, and extracurricular activities, including those associated with the bleeding disorders community, during your high school/college years:
  
- Do you have financial need or extreme challenges? if so, please explain in general terms:

**Essay question:** Please limit your response to 500 words or less. Please type your response, double spaced, on a separate sheet/s of paper.

- ***Discuss your goals, aspirations and choice of major.***
- ***Discuss how or if a bleeding disorder diagnosis has affected or inspired your decision to further your education?***
- ***Discuss advice you would like to share with younger members of the community regarding living with a bleeding disorder?***

### **STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_