SWOHF SCHOLARSHIP APPLICATION FOR 2020 NATIONAL HEMOPHILIA FOUNDATION BLEEDING DISORDERS CONFERENCE

ATLANTA, GEORGIA – August 6-8, 2020

APPLICATION MUST BE RECEIVED BY SWOHF by May 14, 2020

SWOHF is pleased to offer the scholarship opportunity for one individual in our community who is affected by a bleeding disorder and an immediate family member to attend the National Hemophilia Foundation’s Bleeding Disorders Conference in Atlanta, Georgia, on Thursday, August 6, through Saturday, August 8, 2020.

Application may be mailed, faxed, emailed or hand delivered to:

Southwestern Ohio Hemophilia Foundation
Attention: Kay Clark
3131 South Dixie Drive #103
Moraine, OH  45439

FAX 937-298-8080
Email kay@swohf.org

The NHF conference is one of the largest yearly gatherings for the national bleeding disorder community. For more information on this meeting, please visit their website: www.hemophilia.org and click on Events/Educational Programs

This scholarship award is intended to solely cover:

- Registration to the 2020 NHF Bleeding Disorders Conference
- Travel
- Hotel Accommodations

The scholarship is open to all individuals affected by a bleeding disorder who live in the Greater Dayton area--even those families who have attended past NHF Meetings. We are excited to have the opportunity to offer this scholarship and are confident that the family selected to attend will come back with greater knowledge and enhanced empowerment!
SWOHF SCHOLARSHIP APPLICATION

NATIONAL HEMOPHILIA FOUNDATION BLEEDING DISORDERS CONFERENCE
ATLANTA, GEORGIA August 6-8, 2020

Name of Applicant: ____________________________________________

Date of Birth/Age of Applicant: _____________________________

Name, Relationship and Date of Birth of Immediate Family Member Attending with Applicant:

__________________________________________________________________ DOB: ______________________

Type of Bleeding Disorder of Applicant: ____________________________

Full Address: ___________________________________________________

Home Phone Number: _____________________________________________

Cell Phone Number: _____________________________________________

Email: _________________________________________________________

Have you ever attended an NHF Annual Meeting or NHF Washington Days? ___________________________

Have you ever received a scholarship to attend NHF Annual Meeting? ______________________________

PLEASE ANSWER THE FOLLOWING QUESTIONS (Use additional paper if more space is needed)

1. Why is it important for you and your family to attend NHF’s Bleeding Disorders Conference?

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__________________________________________________________________________________________________

__________________________________________________________________________________________________

2. What do you hope to gain by attending NHF’s Bleeding Disorders Conference?

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__________________________________________________________________________________________________
3. How will you and your family take the information gained from the NHF’s Bleeding Disorders Conference and share it with others in the community who were unable to attend?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

4. Are you currently participating in activities sponsored by SWOHF?
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__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

5. Is there any other important information you would like to share?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

I understand that this is an open application to families of the SWOHF community in the Greater Dayton area only and that all applicants may not be awarded a scholarship to attend. If I am granted this scholarship, the award is solely for direct expenses used for attendance to NHF’s Bleeding Disorders Conference and a letter must be written directly to NHF requesting registration fee be waived. Hotel and travel expenses will be paid directly by SWOHF. Before you apply, please be aware that there will be other costs to attend; for example: meals, taxi/shuttle, baggage, and other miscellaneous expenses. SWOHF is not responsible for any additional expenses of the trip.

If granted the award, I agree to:

• Attend all education sessions available throughout the entire conference
• Take notes and gather handouts to bring back to SWOHF
• Be willing to write an article about my experience to be published in the “Factor Notes” newsletter and/or talk about my experience at our SWOHF Annual Meeting in March 2021.

I consent that the Southwestern Ohio Hemophilia Foundation is not liable for any loss, damage or harm caused during travel and/or during NHF’s Bleeding Disorders Conference.

** Signature of Applicant or Parent/Guardian if under age 18:**

__________________________________________ Date: ______________________

Please print name here: ___________________________________________________________________________

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