## SWOHF SCHOLARSHIP APPLICATION FOR 2025 NATIONAL HEMOPHILIA FOUNDATION BLEEDING DISORDERS CONFERENCE

## **AURORA-DENVER, COLORADO – AUGUST 21-23, 2025**

APPLICATION MUST BE RECEIVED BY SWOHF by May 30, 2025.

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 Aurora-Denver, Colorado.

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

Southwestern Ohio Hemophilia Foundation

Attention: Joy Linder

11 West Monument Ave Suite #605

Dayton OH 45402

Email joy@swohf.org

The NBDF conference is one of the largest yearly gatherings for the national bleeding disorder community. For more information on this meeting, please visit their website: <a href="https://www.hemophilia.org">www.hemophilia.org</a>

This scholarship award is intended to solely cover:

- Registration to the 2025 NBDF 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 NBDF 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 BLEEDING DISORDERS FOUNDATION ANNUAL CONFERENCE

Name, Relationship and Date of Birth of Immediate Family Member Attending with Applicant:    DOB:	Name of Applicant:
Type of Bleeding Disorder of Applicant:	Date of Birth/Age of Applicant:
Type of Bleeding Disorder of Applicant:	Name, Relationship and Date of Birth of Immediate Family Member Attending with Applicant:
Home Phone Number:  Cell Phone Number:  Email:  Have you ever attended an NHF/NBDF Annual Meeting or NBDF Washington Days?  Have you ever received a scholarship to attend NBDF 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 NBDF's Bleeding Disorders Conference?	DOB:
Home Phone Number:	Type of Bleeding Disorder of Applicant:
Email:	Full Address:
Email:	Home Phone Number:
Have you ever attended an NHF/NBDF Annual Meeting or NBDF Washington Days?	
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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 NBDF's Bleeding Disorders Conference?	Have you ever received a scholarship to attend NBDF Annual Meeting?
2. What do you hope to gain by attending NBDF's Bleeding Disorders Conference?	1. Why is it important for you and your family to attend NBDF's bleeding disorders conference:
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3. How will you and your family take the information gained from the NBDF'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?
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 NBDF'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 2026.
I consent that the Southwestern Ohio Hemophilia Foundation is not liable for any loss, damage or harm caused during travel and/or during NBDF's Annual Conference.
Signature of Applicant or Parent/Guardian if under age 18:
Date:
Diagon print name here:

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