

Rocky Mountain Hemophilia



& Bleeding Disorders Association

a 501(c)(3) nonprofit Montana corporation

RMHBDA Education Scholarship 2017–18

For All post High-school Students and Families Affected by Bleeding Disorders

The Rocky Mountain Hemophilia and Bleeding Disorder Association is a chapter located in Bozeman, MT that is dedicated to representing, educating, supporting and helping those patients with bleeding disorders and their families in Montana and Wyoming. Having an association with the National Hemophilia Foundation, we gain support from the NHF, national and local corporate partners and local individuals. Our mission is to provide ongoing support through education, family camp and financial means as well as other specific programs to meet the needs of the individuals we serve.

Through the RMHBDA we recognize the many individuals including the board of directors, governance bodies, donators, sponsors and each and every member as a reason to exist as well as the reason we do exist. Due to the generosity of many and the needs of our members it has been a long time goal to be able to offer scholarships to our membership.

We believe that knowledge and understanding is the key to the future for the bleeding disorders community. We also understand that generous service and commitment of our members is the reason for the success of RMHBDA. With this scholarship we want to recognize those individuals who have shown commitment to the bleeding disorders community through their actions. We look to all those within our reach; those with bleeding disorders, parents, siblings, etc. We want to reward those who show courage, understanding and a commitment to the betterment of the lives of those affected. We wish all students the very best of luck in their endeavors.

See the following pages for eligibility and the application.

Rocky Mountain Hemophilia
& Bleeding Disorders Association

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Eligibility for the RMHBDA Scholarship

- Applicants must personally have or have a family member with an inherited bleeding disorder. Patients with acquired bleeding disorders are not eligible to apply.
- Applicants must live or have family in Montana or Wyoming. The applicant may be living out of state while going to school; they are still eligible for the scholarship.
- The Applicant must have been involved with Rocky Mountain Hemophilia and Bleeding Disorder Association at some point and in some capacity.
- The applicant must have volunteered time and energy to directly benefit the bleeding disorder community. Although other volunteerism is admirable and will be considered, direct service to the bleeding disorder community of some kind is required.
- Applicants must be entering or attending a 2 or 4 year undergraduate or graduate institution. High school students, current undergraduate or graduate students or adults seeking undergraduate or graduate studies later in life may apply.
- Applicants must be accepted and enter into an undergraduate or graduate institution.
- Applicants who are past recipients may also apply.
- Applicants must submit a complete application between January 1 and June 1, 2018.
- Applications must be turned in to the Executive Director, Brad Benne.

The Process

- **Applications will be accepted between January 1 and June 1, 2018. Late or incomplete applications will not be considered.**
- An impartial review committee being comprised of the RMHBDA board of directors and executive director will review and judge the applications. If any member of the review committee is related to one of the applicant he/she will be excused from the review and judging process.
- Supporting documentation such as proof of enrollment may be asked for.
- Scholarship winners will be awarded \$1000.00 prior to matriculation in the fall.
- Scholarship funds will be dispersed prior to the winner beginning school and will be issued to the scholarship winner themselves.
- Activities/accomplishments that will be taken into consideration (in alphabetic order):
 - Extra-curricular activities
 - Financial need
 - School grades
 - Success in various activities
 - Volunteerism in general
 - Volunteerism in the bleeding disorder community

Scholarship Application 2017–18

Scholarship applications will be accepted from January 1–June 1, 2018. Please fully complete this application, indicating N/A (not applicable) where appropriate. Leave no blank lines anywhere in the application. Feel free to use additional paper if necessary, note that you have where appropriate. Please include your name on any additional sheets. All areas below should be filled out as if the student was filling this out except where otherwise indicated.

Name: _____

Current Address: _____

Phone number: _____

Email address: _____

Parent(s) name: _____

Parent(s) address(s), and/or student's permanent address: _____

Parent(s) phone number: _____

Parent(s) email address: _____

Name and City of high school attended: _____

Name/location of school currently attending: _____

School(s) applying to and acceptance to school is applicable: _____

****Please request and turn in a current official transcript — ensure report includes SAT or ACT scores if you are a high school student.**

Do you anticipate receiving any other scholarships or grants? If so, list name(s) and amount(s)?

Please type an essay answering the following questions:

1. What are your academic goals?
2. What would you like to do after you receive your undergraduate degree?
3. Why do you feel you would be a good choice for this scholarship?
4. Tell us about your specific volunteer activities within the bleeding disorders community.
5. What has been your greatest challenge as a person living with a bleeding disorder or caring for someone with a bleeding disorder? How have you tried to overcome it?
6. Tell us about an experience in which you were inspired or inspired someone else.

Please submit a separate sheet of paper listing all of your volunteer activities with beginning and ending dates for each, as well as your role in the activity.

Please submit two (2) letters of recommendation from adults that are not related to you. At least one of them should be written by someone who has firsthand knowledge of your bleeding disorder community involvement. **The letters should be submitted with the application by the student. Letters that are directly mailed will not be accepted. The application will be considered incomplete if the letters are not submitted by the student with the application.**

For our confirmation, please include the name of each reference:

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

Checklist for All Application Submissions

- Fully completed application with typed essay
- A current official transcript
- A typed resume with all volunteer activities with start and end dates
- Two typed letters of recommendation

Submit all necessary application items to the Executive Director, Brad Benne between January 1 and June 1, 2018. Any applications that are incomplete or turned in after June 1, 2018 will not be considered. Applications can be submitted in person or mailed to 1627 W. Main St., #142, Bozeman, MT, 59715.