



Midwest Hemophilia Association

Georgia Northway Memorial Scholarship Application - Deadline May 1, 2017

Student Name: _____ Social Security # _____
Phone # _____ Date of Birth _____

Address: _____
Street Address City / State Zip Code

New Application Yes NO Renewal Graduate Other _____

Part A

*If you're the head of a household please proceed to **Part B***

Parent's Names: _____

Address: _____

Number of brothers/sisters in college ____ High School ____ Middle School ____ Elementary ____.

Name of High School: _____ Graduation Date: _____

Part B

Are you head of a household? Yes NO

If yes, do you have dependents? Yes No

Please list your dependents: _____

College or University _____ (Attach most recent transcript)

Trade or Vocational School _____ (Attach most recent transcript)

Cost per Year: _____ Field of Study: _____

Part C



Complete if you are the carrier of hemophilia.

Please provide information regarding whom in your family has the disorder, include Parents, Children and siblings.

Documentation required with this application. Incomplete applications will not be considered.

1. Attach 3 Letters of Reference, should be enclosed with in separate envelopes sealed by the individual making the reference. Suggested sources for references, High School Teachers and or Coaches, Employer, Clergy, Medical Professional, Leaders of Civic organization to which you belong. Etc.,
2. Letter from doctor certifying that you either have hemophilia or related bleeding disorder, or are the [family member/carrier](#) for hemophilia or related bleeding disorder.
3. Most recent transcripts, High School or College.
4. Documentation or Certification of financial need.
5. Include documentation or description of civic involvement
6. Applicant or Applicants family (if under 21), must be members in good standing with Midwest Hemophilia Association
7. *Optional*
You may include an essay (maximum of 500 words) describing your interests and accomplishments along with a statement of future education plans and why you should be selected.

My signature indicates that the information presented in this application is accurate. All information will be held in strict confidence by the school, scholarship committee and Truman Heartland Community Foundation.

Students Signature

Completed Applications must be received by [May 1, 2017](#)

Return this application along with required documentation to:

Georgia Northway Memorial Scholarship
c/o Truman Heartland Community Foundation
4200 Little Blue Parkway, Suite 340
Independence, MO 64057