



NATIONAL HEMOPHILIA FOUNDATION
for all bleeding and clotting disorders

February 2011

Kevin Child Scholarship

ABOUT THE SCHOLARSHIP

Each year the Kevin Child Scholarship is awarded to a qualified individual in memory of Kevin Child. As a child born with hemophilia, Kevin's lived a life with a challenge from the beginning. He died of AIDS, a few days short of his graduation from college in 1989. Since living with a bleeding disorder provides challenges of its own, an opportunity to obtain a higher education should never be an obstacle for anyone with a bleeding disorder. In honor of Kevin's legacy, the Child family hopes this scholarship will provide some assistance in acquiring a higher education.

WHO IS ELIGIBLE?

Applicants must be an individual diagnosed with hemophilia A or B and must be a high school senior, with aspirations of attending an institute of higher education (college, university or vocational-technical school) or a college student already pursuing a post secondary education.

HOW TO APPLY?

Students interested in this scholarship should send a complete copy of the application along with a current official transcript of grades and one (1) recommendation from an individual not related to the applicant (such as a teacher) to address below postmarked by June 1st, 2011.

HOW IS THE RECIPIENT SELECTED?

The recipient of this scholarship will be chosen on the basis of academic performance, participation in school or community activities and an essay detailing educational and career goals.

A committee of representatives of the Child Family makes the selection of the scholarship recipient. In no instance does any officer or employee of the National Hemophilia Foundation take part in the selection.

FOR MORE INFORMATION

Nava Hopkins - KCS
HANDI-Information Resource Center
National Hemophilia Foundation
116 West 32nd Street, 11th Floor
New York, NY 10001-3212
Phone: (800) 42-HANDI ext. 3750
E-mail: handi@hemophilia.org

Or contact

Mary Child Smoot
E-mail: Smooter@aol.com

KEVIN CHILD SCHOLARSHIP APPLICATION 2011

APPLICANT DATA

NAME: Last _____ First _____ MI _____

ADDRESS: Street Address _____ Apt. _____

City _____ State _____ Zip _____

TELEPHONE: () _____ - _____ Email Address _____

DATE OF BIRTH: _____/_____/_____ (MM/DD/YY)

What type of bleeding disorder have you been diagnosed with?

Hemophilia A Hemophilia B

What is the name of your primary care physician? _____.

Address _____ City _____ State _____ Zip _____

Telephone# _____.

Are you affiliated with an NHF Chapter? Yes, which one? _____ No

How did you hear about the scholarship program? _____

ACADEMICS

Check one: I am a current High School Student Grade _____

College Student Other (*Specify*) _____

What subjects have you found most interesting in your studies? _____

_____.

Do you feel your grades are indicative of your overall ability Yes No

If not, what were the factors that prevented you from doing better? _____

If you are still in high school, indicate your college choices:

First choice: _____ Second choice: _____

If you are currently attending College/Vocational School, please state:

School: _____ Location: _____ Year _____

While attending college, where will you live? (Check one)

At home On campus With friends or relatives Other (specify) _____

What course of study are you pursuing or will you pursue? _____

What special recognition have you received for outstanding schoolwork (e.g. Honor's, prizes or scholarships)? _____

How do you intend to pay for college?

Parents Self Loan Scholarships Grants

ACTIVITIES & HONORS

List all school or community activities you have taken part in (e.g. Student government, sports, etc.) and the year in which you participated. Also, highlight any special awards, honors and offices held. If you need additional space, please attached a separate sheet.

ESSAY

Type or write (in print) a one- (1) page essay detailing your occupational objectives and goals in life. How will the educational program you have planned meet the objectives you described? *Please attach essay to the application.*

CERTIFICATION

By your signature on this application, you hereby attest that the information provided is true and correct.

Signature _____ Print _____

Date _____