

BDASC



The Joe Caronna BDASC Memorial National Educational Conference Scholarships

The purpose of this scholarship is to recognize the relentless efforts of Mr. Joe Caronna who provided the bleeding disorders community and local national Chapters education and communications, dedicated to meeting the emotional, informational and supportive needs of those living with bleeding disorders. Joe was the CEO and founder of *Inalex Communications*. The Company's name was dedicated to his son who lives with hemophilia-Alex. Thus, the name, "In-Alex"- Inalex.

Inalex Communications was built around *Building Communities with Hope, Information and Inspiration*. Bleeding Disorders Association of South Carolina honors the relationship we had as a Chapter with Joe as he brought his Inalex Communication workshops to our community for many years. He was a man with a deep love and care for our community. He assisted, counseled, and touched the hearts and lives of thousands of individuals in the bleeding disorder community. His laughter, warmth and compassion will always be missed.

Joe, upon his passing, left behind a family and a young adult son, Alex. To honor Joe in the spirit of education and support, BSASC will provide annually one young adult between the ages of 18-30 who has a diagnosis of hemophilia, von Willebrand Disease or other bleeding disorder, and who is a Chapter member of BDASC, a scholarship to attend the National Hemophilia Foundation's Annual Bleeding Disorders Conference (BDC), or the Annual Symposium of Hemophilia Federation of America.

What is provided?

- Annual Meeting hotel room costs for three nights only during the meeting.
- Travel grants up to \$350.00 to attend the meeting
- Paid registration fee for meeting attendance
- Total maximum allowed cannot exceed \$ 1,500.00

Who is eligible?

- Must be an active registered member of BDASC
- Has to have a confirmed diagnosed bleeding disorder
- Must be available to travel alone or may bring a spouse, family member, or other upon their own expense
- Must fill out in full the application form and provide the essay requirement

Joe Caronna National Annual Meeting Educational Scholarship Application

Completed forms must be returned by **(two months prior to the meeting (s) date)**. Please note that all forms must be completed in their entirety and received on time with no exceptions to be considered. Applications completed by anyone other than the applicant will not be accepted. The recipient of the awards will be *notified as soon as possible so all reservation can be made in a timely manner*.

For additional questions, please contact the Chapter.

Application mailing:

Bleeding Disorders Association of South Carolina
Attn: Joe Caronna National Meeting Scholarship Award Program
439 Congaree Rd. #5
Greenville, SC 29607
Phone: 864.350.9941
Fax: 864.244.8287
info@hemophiliasc.org
www.bda_sc.org

SCHOLARSHIP APPLICATION

PLEASE ANSWER ALL QUESTIONS

PERSONAL DATA

Name _____

Home Address _____ City _____ Zip _____

E-Mail Address _____

Phone # where you may be reached _____

Date of Birth _____

Occupation _____

Are you dependent upon yourself for all financial needs? Yes _____ No _____

Number living in your household: _____

Type of hemophilia or bleeding disorder _____

(Mild ___) (Moderate ___) (Severe ___) Do you have an inhibitor? Yes ___ No ___

Where do you seek medical care for your bleeding disorder? (HTC, etc.) _____

Who is your bleeding disorders care provider (doctor)? _____

If you receive the scholarship award, will you be attending alone or accompanied by another?

Alone ___ With Another Individual ___ If Another Individual, please provide relationship:

Are you involved with the Bleeding Disorders Association of South Carolina? ___ Yes ___ No

Explain how you have been active at Bleeding Disorders Association of South Carolina?

What do you want to achieve if chosen to attend a National Educational Conference Meeting?

Please answer the following questions on a separate word document.

- 1. The most important thing I have learned while living with a bleeding disorder is:**
- 2. If I could give some advice to a newly diagnosed family or individual with a bleeding disorder, I would tell them:**
- 3. What would you like to accomplish in your future to assist the hemophilia and bleeding disorder community and/or Bleeding Disorders Association of South Carolina?**

**Please sign and return this application with all essay questions to the Chapter in one document.
Good Luck!**

Name: _____

Signature: _____

Date: _____

For Chapter Information Below

Reviewed by _____

Date Application was Received _____

Rating: _____

Awarded _____ **Not Awarded** _____