



2024 BDASC Academic Scholarship Program

Bleeding Disorders Association of South Carolina sets aside in its annual budget funding to provide academic scholarships to its eligible members. This is an important service of support from the organization, so we encourage all eligible candidates to apply. An applicant is eligible to receive the grant multiple times, however, preference may be given to applicants who have not received this funding before. BDASC will take a number of factors into consideration when determining the award winners including academic merit, leadership qualities, reference letters, financial need, involvement in BDASC and within other Bleeding Disorders Organizations, and the applicants essay letter content.

To be eligible, an applicant must meet the following criteria:

- ✓ Must be a resident of South Carolina;
- ✓ Enrolled or accepted at an accredited educational institution, to include accredited colleges, universities, and technical, vocational and trade schools.
- ✓ Must have a bleeding disorder, **or**
- ✓ Be a dependent child of a person with a bleeding disorder, **or**
- ✓ Be a sibling of a person with a bleeding disorder, **or**
- ✓ Be a parent of a dependent child with a bleeding disorder, **or**
- ✓ Be a spouse of someone with a bleeding disorder.

Checks will be made payable to the school of the recipient's choice. Scholarship recipients are also invited to attend our Annual Meeting on June 21st at 5:00 pm for us to acknowledge their accomplishments. (Invitation to come if awarded a scholarship) Applications are available, upon request, by calling our Chapter at 864-350-9941 and we will mail one to you, or downloading the application off our website.

Completed forms must be returned by **April 26, 2024**. Please note that all forms must be completed in entirety to be considered and received on time, with no exceptions. Faxed, illegible and e-mailed applications are not accepted. Applications completed by anyone other than the applicant will not be accepted. The recipient of the awards will be ***notified no later than May 24, 2024***. To ensure confidentiality, applications will be reviewed and seen by BDASC Staff and scholarship committee only.

For additional questions, please contact BDASC at:
Bleeding Disorders Association of South Carolina
Attn: Academic Scholarship Awards Program
25 Woods Lake Road, Ste 300
Greenville, SC 29607
864.350.9941
Info@bda-sc.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 _____

Your Occupation (if any) _____

Father's Name _____

Father's Occupation _____

Mother's Name _____

Mother's Occupation _____

Are you counted as a dependent on your parent's income taxes? Yes _____ No _____

Are you dependent upon yourself for all financial needs? Yes _____ No _____
(If yes, please check level of income below)

Your Personal Annual Income: (below) _____ **Number living in your household:** _____

<\$15,999 _____ \$16,000-\$29,000 _____ \$30,000-\$44,999 _____ \$45,000> _____

Do you have hemophilia or another bleeding disorder? _____ If yes, level of severity below

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

Type of hemophilia or bleeding disorder _____

Where do you seek medical care for your bleeding disorder? _____

Who is your Physician? _____ Contact number _____

If you do not have a bleeding disorder, are you a sibling_____, parent_____, or spouse_____, of a person with a bleeding disorder?

EDUCATIONAL DATA

High School attended: _____

Year graduated or will graduate: _____

College or Educational / Technical Institution you plan to attend: _____

Field of Study: _____

Have you formally applied? _____ If so, have you been accepted? Yes_____ No _____
(PLEASE PROVIDE COPY OF ACCEPTANCE LETTER)

Type of degree desired: _____

_____ I am currently enrolled in a college, university, or technical school.

Please list any post-high school secondary education you have received or are currently pursuing.

I will graduate on _____ (date)

I will have completed a degree or other in: _____

ALL FORMS AND RECOMMENDATION LETTERS MUST BE INCLUDED WITH THE SCHOLARSHIP APPLICATION- BE SURE TO SIGN ALL FORMS AS REQUESTED

- ✓ Most recent transcript from high school or college (sealed in school's envelope)
- ✓ SAT – ACT test scores OR OTHER College Prep Testing You Have Taken
- ✓ Two (2) letters of recommendation: (*call the office if you have questions here*)
(1) from school principal, guidance counselor, teacher, or professor
(1) from someone in your community, church, work, volunteer organizations, etc.,
excluding family FRIENDS or RELATIVES
- ✓ Essay – Personally **hand signed by the scholarship applicant**

Please introduce yourself to the scholarship review committee by including:

- A brief summary about yourself (hobbies, things you do enjoy, participate in, etc.)
- Any organizations that you belong to or have belonged to
- Any awards you have been given

- **Volunteer work you do or have done in your community, ie; church, school, or other organizations** (please include your involvement with BDASC and any volunteer assistance you have provided to the Chapter)
- **Your goals for the future**

ESSAY: Please write in your own words and personally hand sign

- **Narrative Question:**

Describe in your own words the impact that Hemophilia or a bleeding disorder has had on you and your family and describe the impact that this scholarship funding would have on your educational goals. Please include your career goals or activities directly related to your educational pursuits.

Please submit application via mail in one package:

1. **Completed Application Forms- Signed as instructed**
2. **Transcripts**
3. **Letters of Recommendations**
4. **All Educational Materials, SAT Scores, Awards, Etc.**

Mail to:

Bleeding Disorders Association of South Carolina
Attn: BDASC Educational Scholarship Committee
25 Woods Lake Road, Ste 300
Greenville, SC 29607
864.350.9941
Info@bda-sc.org
www.bda-sc.org

PLEASE ADDRESS ALL QUESTIONS TO THE CHAPTER @ 864-350-9941.

This application and all supporting materials must be **postmarked** by April 26, 2024 in order to be considered. Applications postmarked after April 26, 2023 will NOT be considered. Faxed, illegible, or e-mailed applications are not accepted. Incomplete applications will not be evaluated. **Please plan to send early so we can receive all applications by April 26, 2024 for quick consideration. Be sure all recommendation letters are received by the deadline date of April 26, 2024 to complete your application if coming from the individual directly making the recommendation on your behalf.**

Declaration of Applicant:

I certify that the information I have submitted is true and accurate to the best of my knowledge. Disclosing false information may jeopardize my award. In the event that there is a change in any of the information presented in the application, I will promptly notify Bleeding Disorders Association of South Carolina. In the event that I am awarded a scholarship, I am _____, I am not _____ willing to allow BDASC to use my name in print or other communications material to the awarding of this scholarship to me.

Signature: _____ **Date:** _____

LETTER OF RECOMMENDATION

Name: _____

(Please Print)

Personal Hand Signature: _____

Address: _____

Date: _____

Relationship to applicant: _____

Complete this form (or attach letters of recommendations to this form and please be sure to **personally hand sign them**) and return to:

Bleeding Disorders Association of South Carolina, 25 Woods Lake Road, Ste. 300,
Greenville, SC. 29607

*All letters must be received by: **April 26, 2024***

(Additional sheets may be attached)

2023 SCHOLARSHIP AWARD CONFIRMATION

(Please fill out this form should your application be awarded so we may complete your scholarship for payment).

I have been offered a scholarship grant for my use at the college, university, technical or vocational school I have named in the application.

I understand that the scholarship grant will be sent to my Bursar's account at the school I have named. If for any reason I do not attend or complete the term expected, I will notify Bleeding Disorders Association of South Carolina at (864)-350-9941 and any unused portion of the scholarship shall be refunded to same organization according to the refund policy specified by the Bursar's Office of named institution.

I have carefully read the terms that govern acceptance of this nonrenewable scholarship and accept the offer, as checked below.

_____ I accept the scholarship grant offered me under the terms of the scholarship.

Please print your name _____

Signature _____ Date _____

Your Student ID Number _____

Name of Institution _____

Address of Bursar's (Treasurer's) Office _____

Phone Number of Institution _____

DO NOT WRITE BELOW THIS LINE

To be completed by BDASC Only

Application Number: _____

Request approved by: _____

Amount approved: _____

Check number: _____

Date Scholarship funds mailed: _____

Sent by: _____

Sent to: _____

Address: _____
