



---

## 2025 BDASC Academic Scholarship Program

The Bleeding Disorders Association of South Carolina (BDASC) offers academic scholarships to eligible members through funding set aside in its annual budget. These scholarships are an important service, and BDASC encourages all eligible candidates to apply. Applicants may receive the grant multiple times, though preference may be given to those who have not previously received funding. When selecting scholarship winners, BDASC considers a variety of factors, including:

- Academic merit
- Leadership qualities
- Reference letters
- Financial need
- Involvement in BDASC and other Bleeding Disorders organizations
- The content of the applicant's essay letter

The scholarship amount will range from a minimum of \$500.00 to a maximum of \$1,500.00, depending on the annual budget for the year. Applicants are encouraged to thoroughly address all criteria in their application to enhance their chances of receiving the award.

**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 6, 2025 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 25, 2025**. 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 9*,

*2025*. 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. **2 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 25, 2025 in order to be considered. Applications postmarked after April 25, 2025 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 25, 2025 for quick consideration. Be sure all recommendation letters are received by the deadline date of April 25, 2025 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 25, 2025*

*(Additional sheets may be attached)*

## 2025 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: \_\_\_\_\_

\_\_\_\_\_