



Maureen Cook Memorial Scholarship Application

BDAST will award a minimum of one scholarship of up to \$1000 to an individual or family member affected by a bleeding disorder. Applications will be available on February 1st and must be completed in full and post marked no later than May 1st. Scholarship recipients will be notified by July 1st.

The scholarships granted under this fund are determined by the scholarship committee of BDAST. All decisions are to the discretion of the scholarship committee and will be made final. Recipients will be notified of the outcome by the scholarship committee chair person by mail. Any information submitted with this application will become the property of BDAST.

Application Requirements:

Please submit the following:

- Completed application
- Essay on your goals and aspirations, and how the bleeding disorders community has played a part in your life (One page)
- Two letters of reference (One professional reference ex. Clergy, Teacher the other from HTC or Physician)
- One of the following: For Freshman applicants- High School Transcript;
For current college students- Most recent college transcript;
For adults returning to College-Proof of enrollment
- Applications must be post marked by May 1, 2014

Personal Information:

Please check one: Educational Scholarship ____
 Parent Continuing Education ____
 Sibling Scholarship ____

Name Mr. Mrs. Ms. (First) _____ (Mi) _____ (Last) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home () _____
 Work () _____
 Fax () _____

E-mail: (if applicable) _____

Date of Birth (mm/dd/yyyy) _____

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Parent's Name: (Father) _____ (Mother) _____

Parent's address if different from above: _____

High School Attended: (Name, address, and date of graduation)

College or Vocational School Applied To: (Name and address)

Will you be entering as a ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate
___ Full time ___ Part Time

Please list all honors, extra curricular activities and organizations that you have been involved with:

Please list any activities, events, fundraisers, and camps that you have attended that were affiliated with the Bleeding Disorders Association of the Southern Tier, especially any for which you volunteered and helped us:

Release of Information:

I am an individual with a congenital blood clotting disorder, or a member of the immediate family of a person so affected, in need of financial assistance to complete vocational or under graduate studies at an accredited institution of higher education.

I also authorize the release of information to BDAST in order to verify all statements made in this application. I also give permission to use my name/and or photo in any press release's that BDAST deems appropriate.

Signed: _____ Date: _____

Any questions pertaining to this application please contact BDAST at 1-607-761-4039 or email Carolyn Schafenberg at Carolyn@bdast.org.

Mail Completed Application To: Bleeding Disorders Association of the Southern Tier, Inc
P.O. Box 538
Binghamton, NY 13902