



HEMOPHILIA FOUNDATION OF GREATER FLORIDA
for all bleeding disorders

January 1, 2019

Dear Applicant,

The Calvin Dawson Scholarship Fund was established to memorialize the founder and first Executive Director of the Hemophilia Foundation of Greater Florida. Calvin Dawson was a passionate and dedicated pioneer for the rights of those with bleeding disorders who spent his life serving them and their families. Continuing this quest is the goal of the Scholarship Fund, to help those with bleeding disorders who are determined to succeed in life.

Scholarships are available for Florida residents with hemophilia, von Willebrands disease and other related hereditary bleeding disorders. Scholarships are for high school graduates pursuing a post-secondary education at a college, technical or trade school, or through other certification programs, and are awarded based on merit, need, community service, and the aspirations of the applicant as reflected in an essay. The awards will be given directly to the institution that the recipient plans to attend.

Please submit your application, transcripts, and three reference forms by the deadline of April 30, 2019 to the Hemophilia Foundation at 1350 Orange Ave, Suite 227, Winter Park, FL 32789. Recipients of the awards will be notified by July 30, 2019.

Application forms may be downloaded from our web site: www.hemophiliaflorida.org under Resources, Scholarships. If you have any questions regarding the application process, please contact the Hemophilia Foundation of Greater Florida at 1-800-293-6527.

Sincerely,

The Hemophilia Foundation of Greater Florida

1350 N. Orange Avenue, Suite 227 • Winter Park, FL 32789
(407) 629-0000 • Fax (407) 629-9600 • (800) 293-6527
HFGF@HemophiliaFlorida.org • www.HemophiliaFlorida.org

Where will you live while attending school? Home_____ Dormitory_____ Apartment_____

How do you intend to pay for your studies? (Check all that apply)

Parents_____ Self_____ Loan_____ Scholarships_____ Other_____

What special academic honors, awards, recognitions, or scholarships have you received? _____

What special civic honors, awards, or recognitions have you received? _____

Have you ever volunteered for the Hemophilia Foundation of Greater Florida (HFGF)? If so, when?

What volunteer activities did you participate in? Special Consideration will be given to applicants that volunteer /have volunteered for the HFGF.

List school activities and organizations in which you have participated. List offices or positions held in those organizations.

List civic organizations of which you are/were a member. List community services in which you have volunteered time (within the last 5 years).

What are your favorite recreational activities and hobbies?

Briefly state your occupational objectives and goals in life. How can these be met by the educational program you have planned?

CERTIFICATION

I have personally signed this Calvin Dawson Memorial Scholarship application. I certify that all information and statements contained in this application are true and correct, and that I am a qualified applicant for this scholarship.

Signed: _____ **Date:** _____

CHARACTER REFERENCE

Teacher or Employer

*(Please include **THREE** Character references)*

Application for the Calvin A. Dawson Memorial Scholarship

Note to Applicant: *Please fill out the first four lines and then give this sheet to an unrelated person, teacher, employer who knows you well enough to answer all of these questions. Three Character References are required. Please make copies of this sheet)*

Name of Applicant: _____

Address of Applicant: _____

College/School Applicant plans to attend: _____

Major course or program applicant plans to take: _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Considering your knowledge of this applicant, do you think the applicant will succeed in the school and major area or program that this individual has selected? Why or why not? Please explain.

What are the applicant's strengths? _____

What are the applicant's weaknesses? _____

Name of reference: _____

Title/Position

Address: _____

Signature _____ **Date:** _____