



**HEMOPHILIA FOUNDATION OF GREATER FLORIDA**  
*for all bleeding disorders*

January 1, 2021

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 university, college, technical or trade school, or through other certification programs. Scholarships 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, 2021 to the Hemophilia Foundation at 1350 Orange Ave, Suite 227, Winter Park, FL 32789. Recipients of the awards will be notified by July 30, 2021.

Application forms may be downloaded from our web site: [www.hemophiliaflorida.org](http://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](http://www.HemophiliaFlorida.org)

**Hemophilia Foundation of Greater Florida  
Calvin Dawson Memorial Scholarship Application**

Type or print in ink all information. Application, transcripts, and letter(s) of recommendation must be mailed by April 30, 2021 to THE CALVIN DAWSON MEMORIAL SCHOLARSHIP c/o the Hemophilia Foundation of Greater Florida, 1350 Orange Ave, Winter Park, FL 32789. If you have questions, please call 800-293-6527.

*I hereby apply for the Calvin Dawson Memorial Scholarship and submit the following information.*

Name \_\_\_\_\_  
**LAST                                  FIRST                                  MIDDLE**

Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
**STREET                                  APT#**  
\_\_\_\_\_  
**CITY                                  STATE                                  ZIP**

Birth Date \_\_\_\_\_  
**MONTH      DAY                  YEAR**

Email \_\_\_\_\_

What type of bleeding disorder do you have? \_\_\_\_\_

Hemophilia Treatment Center (HTC)/Hematologist \_\_\_\_\_

HTC/Hematologist contact & phone \_\_\_\_\_

Do you feel that your school grades are an accurate index of your ability? YES \_\_\_\_ NO \_\_\_\_  
If not, what were the factors that prevent you from doing better? \_\_\_\_\_  
\_\_\_\_\_

**If you are graduating High School indicate the university, college or school preference you have applied to:**

First choice: \_\_\_\_\_  
Second choice: \_\_\_\_\_

**If you have been accepted to attend a university, college or trade school, please state:**

School: \_\_\_\_\_ Beginning year: \_\_\_\_\_

Location: \_\_\_\_\_

If you are currently attending college or trade school, please state the school you are attending

School: \_\_\_\_\_

Please circle one

Year: Freshman Sophomore Junior Senior Other: \_\_\_\_\_

Location: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

What major or course study are you pursuing? \_\_\_\_\_

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 volunteered for the Hemophilia Foundation of Greater Florida (HFGF) or any other bleeding disorder organization during the 2019/2020 calendar year? If so, when? What volunteer activities did you participate in? **All applicants must have volunteered with HFGF or another Bleeding Disorder Organization within the 2019/2020 calendar year to be considered.**

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

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

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**What are your favorite recreational activities and hobbies?**

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



**CHARACTER REFERENCE**

**Teacher or Employer**

*(Please include **THREE non-relative** 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:** \_\_\_\_\_