

**HEMOPHILIA ASSOCIATION OF NEW JERSEY
SCHOLARSHIP APPLICATION FORM
GRADUATE LEVEL**

APPLICANT'S NAME: _____

HAVE YOU EVER RECEIVED AN HANJ SCHOLARSHIP GRANT? YES _____ NO _____
IF YES, DATE(S) AND AMOUNT(S): _____

BLEEDING DISORDER: HEMOPHILIA A (FACTOR VIII) _____ VON WILLEBRAND _____
HEMOPHILIA B (FACTOR IX) _____ OTHER _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO. : _____
TELEPHONE: _____ MARITAL STATUS: _____ NO. OF CHILDREN: _____
E-MAIL ADDRESS _____

ARE YOU PRESENTLY ENROLLED IN A COLLEGE PROGRAM: YES _____ NO _____
IF YES, SCHOOL: _____ TUITION & FEES: _____
CURRICULUM: _____ NUMBER OF CREDITS EARNED TO DATE: _____
DO YOU PLAN TO CONTINUE AT THE SAME SCHOOL NEXT YEAR: YES _____ NO _____
DO YOU PLAN TO ATTEND FULL-TIME? YES _____ NO _____
DATE OF GRADUATION: _____

WHAT SCHOOLS HAVE YOU APPLIED TO FOR NEXT YEAR:
SCHOOL: _____ TUITION & FEES: _____
_____ TUITION & FEES: _____
_____ TUITION & FEES: _____

HOW DO YOU INTEND TO PAY FOR COLLEGE COSTS (E. G., LOANS, GRANTS, PARENTS):

IF YOU WILL BE RECEIVING FINANCIAL AID FROM SOURCES SUCH AS PARENTS, A
SPOUSE OR OTHER RELATIVES, PLEASE PROVIDE THE FOLLOWING:

SOURCE: _____	SOURCE: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____

OTHERS BEING SUPPORTED IN PRIVATE SCHOOL:
STUDENT'S AGE AND SCHOOL: _____
STUDENT'S AGE AND SCHOOL: _____

MAIL THIS FORM, TOGETHER WITH YOUR (1) FINANCIAL STATEMENT, (2) TRANSCRIPT,
(3) PERSONAL STATEMENT, AND (4) SCHOOL OR PROFESSIONAL PHOTO AND SIGNED
PHOTO RELEASE FORM, BY **APRIL 30th** TO:

**HEMOPHILIA ASSOCIATION OF NEW JERSEY
ATTENTION: SCHOLARSHIP COMMITTEE
197 ROUTE 18 SOUTH, SUITE 206 NORTH
EAST BRUNSWICK, NEW JERSEY 08816**