

**HEMOPHILIA ASSOCIATION OF NEW JERSEY  
SCHOLARSHIP APPLICATION FORM  
UNDERGRADUATE/KELLY**

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 ATTENDING HIGH SCHOOL: YES \_\_\_\_\_ NO \_\_\_\_\_

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 \_\_\_\_\_

WHAT GRADE WILL YOU BE IN NEXT SCHOOL YEAR? \_\_\_\_\_

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) 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**