

ROBERT AND DENNIS KELLY MEMORIAL SCHOLARSHIP

This is a \$6,000 scholarship which will be awarded to a New Jersey resident with a bleeding disorder (Hemophilia A or B, von Willebrand Disease) who is planning to attend and is registered at an accredited college and/or university in an undergraduate program.

CRITERIA FOR APPLICATION:

1. Present GPA of 2.50 or more;
2. Registered at an accredited college/university;
3. Must be a permanent resident of New Jersey
4. Be a paid-up member of HANJ. Membership fee is \$50.
5. Financial need will be the determinant if all other factors are equal for the applicants.

APPLICATION PROCEDURE:

1. Formal application;
2. Family financial profile (can submit college financial aid forms and/or most recent 1040 package);
3. Brief essay (maximum 2 pages) on how applicant meets the eligibility criteria, and how this may help meet their goals for higher learning and career choice.
4. Sign and date photo release form and submit a school or professional photo with your scholarship application and sign and return the release form.

Applications must be received no later than **APRIL 30th**.

This scholarship will be awarded at \$1,500 per year for up to 4 years.

7/27/2017

**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, (4) school or professional photo with 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**