

## **HEMOPHILIA ASSOCIATION OF NEW JERSEY**

### **ELIGIBILITY REQUIREMENTS FOR PAUL D. AMITRANI GRADUATE LEVEL SCHOLARSHIP (\$2,000)**

Applicant must:

Be a person with hemophilia, von Willebrand disease, or a similar blood coagulation disorder or immediate family member.

Be a paid member of the Hemophilia Association of New Jersey. Membership dues are \$50/year per family and may be submitted with application.

Be a permanent resident of the state of New Jersey, although individual may be attending institution of higher learning outside New Jersey.

Have graduated with a bachelor degree from an accredited four-year college or university.

Have applied to or be presently enrolled in an accredited college or university graduate program. Monies will be awarded contingent upon acceptance and/or maintaining at least a 3.0 grade point average.

Applicant must submit **ALL** of the following information with application.

#### **FINANCIAL STATEMENT**

This may be a copy of the Financial Aid Assessment Form submitted to the school applied to; or a copy of the LATEST federal or state income tax form filed by yourself and/or your family.

#### **SCHOOL RECORDS**

COPY OF BACHELOR LEVEL DEGREE

COPY OF TRANSCRIPT FROM MOST RECENT GRADUATE SEMESTER (if already in a graduate program) or LAST COLLEGE SEMESTER (if newly applying to graduate level program).

#### **NEATLY WRITTEN OR TYPED PERSONAL STATEMENT**

Maximum 3-page document describing your career objectives and goals, and how your academic school choice will enable you to achieve those goals.

#### **VERIFICATION LETTER**

A letter from your treating physician/HTC to verify your diagnosis.

#### **PHOTO RELEASE FORM AND PHOTO**

Please submit a school or professional photo with your scholarship application and sign and return the release form.

ONLY APPLICATIONS WITH **ALL SUPPORTING DOCUMENTS** WILL BE CONSIDERED. ALL INFORMATION SUBMITTED WILL BE CONFIDENTIAL.

11/30/2022