

**SCHOLARSHIP APPLICATION
CENTRAL CALIFORNIA HEMOPHILIA FOUNDATION**

I. PERSONAL IDENTIFICATION

Name of Applicant: _____

Address: _____

Phone: _____

Birthday: _____

e-mail: _____

Identify the type of scholarship you are applying for:

_____ _ CCHF (person with a bleeding disorder, female carrier)

_____ _ Jim Carey Memorial Scholarship (child of a person with a bleeding disorder)

_____ _ Jill Wayne R. N. Nursing Scholarship Fund (person with a bleeding disorder or part of the immediate family of a person with a bleeding disorder) must be currently enrolled and in good standing in an accredited nursing program leading to R.N., B.S.N. or other advanced nursing degree

Number, age and relationship of people who are financially dependent on the applicant:

II. EDUCATION/EMPLOYMENT

Institution of higher education which you plan to attend, or are attending:

Location and phone number: _____

Current admission status at above institution: _____

Field of major interest: _____

Degree or certificate expected: _____

Employment goals: _____

Record of prior or current employment:

List of prior educational institutions from which you have received credit: (name of institution, dates attended, major field of interest, diploma/degree, any honors received)

III. FINANCIAL INFORMATION

Please describe your reasons for requesting financial assistance to continue your education:

List your current financial resources (and those of your parents if you are a dependent for tax purposes):

Projected budget for the coming school year (tuition and school related expenses):

V. SCHOLASTIC RECORD

Please send a copy of your most recent school transcript to the Scholarship Committee.

V. REFERENCES

List the name of two references. Please contact them and request that they forward a Letter of Reference to the Scholarship Committee as soon as possible.

VI. DECLARATION OF APPLICANT

I certify that the information I have submitted is true and accurate to the best of my knowledge. I understand that any untrue information will disqualify my application for consideration by the Scholarship Committee.

Signature: _____

Date: _____