



## Factor Foundation of America 2008 Educational Scholarship Application

### **Personal Information:**

Name: Mr./Mrs./Ms. (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

E-Mail: (if applicable)

\_\_\_\_\_

Date of Birth: (mm/dd/yyyy)

\_\_\_\_\_

Parents Name: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Parents address if different from above: \_\_\_\_\_

\_\_\_\_\_

High School Attended: (Name, address and date of graduation)

\_\_\_\_\_

\_\_\_\_\_

College or Vocational School Applied To: (Name, address and phone number)

\_\_\_\_\_

\_\_\_\_\_

Will you be entering as a \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior?

Please list all honors, extra curricular activities and organizations that you have been involved with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application Requirements:**

*Please submit the following:*

1. Completed Application
2. Essay on your goals and aspirations, and how the bleeding disorders community has played a part in your life. (500 words or less)
3. Two letters of reference (one personal, non family, reference i.e. Teacher, Neighbor etc., the other from chapter, HTC or Physician)
4. Proof of academic standing (high school transcript)
5. List all additional loans, scholarships, and funding requested & received.
6. Financial statement (copy of most recent tax return)
7. Proof of enrollment (College acceptance letter, etc.)

***We regret that failure to provide a complete application with all seven items will result in your application being returned without review!***

**Release of Information:**

I am an individual with a congenital bleeding disorder, or a member of the immediate family of a person so affected, in need of financial assistance to complete vocational or undergraduate studies at an accredited institution of higher education.

I also authorize the release of information to the Factor Foundation of America (FFOA) in order to verify all statements made in this application. I also give permission to use my name/and or photo in FFOA's web site, newsletter or any other press release that FFOA deems appropriate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL COMPLETED APPLICATIONS TO:**

**FACTOR FOUNDATION OF AMERICA  
ATTN: SCHOLARSHIP COMMITTEE  
PENINSULA CORPORATE CENTER  
950 PENINSULA CORPORATE CIRCLE, SUITE #3017  
BOCA RATON, FL 33487**