

Central California Hemophilia Foundation
Information Sheet for
Lifelong Learning Scholarship Funds

Purpose. This educational fund is intended for use by those with bleeding disorders, of any age, to fulfill their greatest potential by facilitating the development of skills and/or enhancing knowledge in body, mind, and spirit. The funds are not to be used for travel, food, or to purchase items. The funds are for registration or program fees, required course materials or required uniforms. These educational scholarships are for persons residing within the area served by CCHF.

Guidelines:

- ☐ Eligible applicants must have a bleeding disorder and reside in the area served by the Central California Hemophilia Foundation or served by the UCD Hemophilia Treatment Center.
- ☐ Applications can be distributed to eligible candidates at any time during the fiscal year. After the return of the completed application and expense receipt, three (3) members of the committee will review and approve the activity if it is listed on the approved list of activities. If it is a new activity, and not on the pre-approved list, it must be approved by all five (5) members of the Client Services Committee. The committee will report the approval of all applications (without individual names) to the Board of CCHF at the next monthly meeting.
- ☐ The maximum award per person, per fiscal year will be \$300.
- ☐ The maximum lifetime award per person will be \$1,000.
- ☐ The grievance procedure to appeal the decision of the Committee will be a letter clarifying circumstances and request for reevaluation.
- ☐ If special donations are made to the Lifelong Learning Fund, with specific requirements, they shall take priority over the general guidelines

Pre-Approved Activities for Lifelong Learning Scholarship

Body – Lessons for Athletic Activities

- Bowling, Dance, Dog Training (obedience, agility), Golf, Gym Membership, Hiking, Personal Trainer, Swim, T Ball and Little League, Weight Loss Programs, Yoga, Tai Chi

Spirit – Lessons in Music, Daily Living, and the Arts

- Instrumental Music, Singing
- Cooking, Home Repair, Knitting, Crocheting, Landscape Design, Gardening, Meditation, Scouting, Sewing
- Flower Arranging, Painting (oil, acrylic and water), Photography, Pottery, Ceramics, Sculpture, Writing, Wood Working

Mind – Career, Health, and Finance

- Computer Training, Career Assessment and Training, Language Lessons, Personal Growth
- CPR, First Aid, Certified Pre School, Family Planning, Child development, Health Classes
- Financial Planning

Mail this page to:
Central California Hemophilia Foundation
P.O. Box 163689 ~ Sacramento, CA 95816
Phone: (916) 448-0370
Lifelong Learning Scholarship Application

This educational fund is intended to assist people with bleeding disorders (of any age) in achieving their greatest potential by facilitating the development of skills and/or enhancing knowledge in body, mind, and spirit. The funds are for registration or program fees, required course/activity materials and required uniforms only and are not to be used for travel, food, or to purchase items.

Applicant Name _____

Address _____

Phone # _____

Describe Proposed Activity: (Include Activity Description, if available):

Instructor or Facility _____

Amount Requested: \$ _____ (attach receipt)

Previous amounts awarded, if any: \$ _____ **Year** _____

I acknowledge that I am a participant or a parent/legal guardian of a participant (who is under the age of 18 years old) requesting funding through the Life Long Learning Program, sponsored by the Central California Hemophilia Foundation (hereafter CCHF). I understand that my (or my child's) participation in the activity for which I have requested CCHF's financial support may pose the risk of harm, injury or death. On my own behalf, and on behalf of my child or ward, I hereby freely and expressly consent to release, discharge, and hold harmless CCHF and their respective volunteers, directors and representatives from any damage, loss or injury sustained by me or my child/ward during our voluntary participation in the activities for which we may receive financial support. This release includes within its scope any damage, loss or injury sustained as a result of any ordinary negligence, whether active or passive on the part of the CCHF or any of their respective volunteers, directors and representatives. This program is subject to change without notice.

Signature _____ **Date** _____

For CCHF internal use only: To be approved by committee members
(committee members names)

<input type="checkbox"/> From CCHF area	1	Date Approved
<input type="checkbox"/> Not exceeded limit	2	Check #
<input type="checkbox"/> Activity on Preapproved list (3)	3	To:
<input type="checkbox"/> Not on list (5)	4	\$
<input type="checkbox"/> Approved for scholarship	5	Date Mailed:

Comments: _____

(need two copies: One for Committee Chair, one for the Treasurer)

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