

P.O. Box 163689
Sacramento, CA 95816-9689
916-448-0370



www.cchfsac.org
info@cchfsac.org
Tax ID: 23-7373643

SCHOLARSHIP APPLICATION

I. PERSONAL IDENTIFICATION

Name: _____

Mailing Address: _____

County in Which You Reside: _____

Phone: _____

E-mail: _____

Date of Birth: _____

II. SCHOLARSHIP FOR WHICH YOU ARE APPLYING (please check one):

_____ **Will & Gloria Curtis Scholarship** (For people with a bleeding disorder or female carriers.)
Must currently be enrolled in an accredited college or trade school and taking at least 12 units.

_____ **Jim Carey Memorial Scholarship** (For children of people with bleeding disorders.) Must
currently be enrolled in an accredited college or trade school and taking at least 12 units.

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

III. EDUCATION

Educational Institution You Currently Attend: _____

Educational Institution You Plan to Attend (if different): _____

Location and Phone Number: _____

Current Status at Above Institution: _____

Planned Major/Field of Interest: _____

Degree or Certificate Expected: _____

Employment Goal: _____

Please list any educational institutions from which you previously have received credits
(include, names, dates attended, major/field of interest, degree attained and honors if any):

**The Central California Hemophilia Foundation exists to improve the quality of
care and life for persons impacted by hemophilia and other inherited
bleeding disorders through education, advocacy and support.**



IV. EMPLOYMENT AND FINANCIAL INFORMATION

Prior or Current Employment: _____

Current Income: _____

Other Current Financial Resources: _____

Number, age and relationship of dependents (if any):

Projected Budget for Coming School Year (tuition and school-related expenses):

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

V. SCHOLASTIC RECORD

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

VI. REFERENCES

Please list names and relationships of two references (should not be family members):

(Please contact them and request that they forward a letter of reference to the Scholarship Committee as soon as possible. See letterhead for address.)

VII. DECLARATION OF APPLICANT

I hereby 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.

Signature: _____

Print Name: _____

Date: _____