
Please Keep a Copy of the Entire Application for Your Own Records

US HAEA Scholarship Program Fall 2017

The US HAEA is pleased to provide the opportunity for students to pursue higher education through a scholarship program.

Scholarships will be awarded at the discretion of the Scholarship Committee, an independent adjudicatory board with no HAEA affiliation. HAEA scholarships will be awarded based on a combination of financial need and academic leadership.

Applicants must be enrolled in an undergraduate program or vocational school for the Fall term of 2017. Applicants for the Fall term must be enrolled in a minimum of 9 credit hours for the Fall 2017 semester.

Important dates:

Applications will be accepted starting January 15, 2017.

Awards will be announced by April 20, 2017

All applications must be emailed by March 23, 2017

APPLICATION INSTRUCTIONS

***Please NOTE:* This form is to be used by students who have already completed at least 2 semesters of college or vocational school prior to September 1, 2017.**

Please complete the entire application form (type or print for legible reproduction.) If something is not applicable, please mark "N/A".

Carefully follow all of the directions provided for each section before submitting your application. Please scan and email your completed application to HAEScholarship@gmail.com

**Remember: your application must be emailed by midnight EST on
March 23, 2017**

All information submitted is for the sole use of the HAEA Scholarship Committee to determine award winners. Information contained and submitted with this application will be kept confidential and will not be used for any other purpose.

Activities Awards and Honors

Please list all **school** activities in which you have participated during high school (i.e., student government, music, etc.) and college, if applicable.

Activity	No. Yrs.	Awards/Honors	Offices Held

Please list all **community** activities in which you have participated without pay during school (i.e., civic involvement, volunteer work, etc.).

Organization	No. Yrs.	Awards/Honors	Describe Involvement

Work Experience

Please list all work experience.

Company	Position	Dates		Average Hrs./Week
		From – Mo./Yr.	To – Mo./Yr.	

Applications for Scholarships/Grants/Financial Aid From Other Organizations

List all scholarships, grants and financial aid programs that you have applied for and indicate amount awarded or indicate amount for which you are still waiting for notification.

Name of Scholarship/Grant/Financial Aid Program	Amount Applied for	Amount Awarded

**US Hereditary Angioedema Association
2017 Fall Semester Scholarship Program**

SECTION II – FAFSA AND PHYSICIAN’S STATEMENT

Applicant’s Name

Phone Number

FAFSA Summary Report to be submitted with this form as follows:

All Scholarship applicants are required to provide a FAFSA (Free Application for Federal Student Aid) Summary Report.

Please go to <https://fafsa.ed.gov> to begin the FAFSA application. Once completed, FAFSA will email you your Summary Report. Please scan and email your Summary Report along with this application to HAEScholarship@gmail.com.

I have completed my FAFSA application and am including it with this application.

I have completed my *estimated FAFSA form*. I will submit all the tax returns required by FAFSA to them by April 15, 2017. I will submit a revised and final FAFSA to the HAEA Scholarship Committee once received by me. I understand that failure to submit the required information may be cause for withdrawal of any consideration for a scholarship.

Applicant Signature

Date

Physician’s Statement

I have attached a statement from my physician stating that I have been diagnosed with Hereditary Angioedema and am being treated by him/her. **Note: a physician’s statement is required for your application to be considered by the Scholarship Committee. If you are a re-applicant then we already have your physician’s note on file, please disregard this section of the application.**

Applicant Signature

Date

Note: Your completed application must be emailed by midnight EST on March 23, 2017

**US Hereditary Angioedema Association
2017 Fall Semester Scholarship Program**

SECTION III- SCHOOL TRANSCRIPT

Part A: - Applicant completes this part.

Applicant's Name

Phone Number

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete the HAEA Scholarship Program application, this consent form must be signed prior to the school registrar/principal/guidance counselor completing Section III of this application.

Applicant's Signature (if 18 or older)

Date

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete the HAEA Scholarship Program application".

Parent's/Guardian's Signature (if not yet 18 years old)

Date

Part B: School Official – Please complete the following information:

Transcript Information: Please attach an up-to-date official school transcript for the applicant listed above. ***The transcript must include your most recent semester grades for the 2016-2017 school year. The student's transcript will not be considered if most recent grades are not included.***

School Official:

Print Name

Signature

Date

Title

High School

*()
Phone Number*

School Address

City

State

Zip

Please scan and email transcript to HAEScholarship@gmail.com

Note: This form must be emailed by midnight EST on March 23, 2017

**US Hereditary Angioedema Association
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SECTION IV – REFERENCES

Part A: - Applicant completes this section. (*Print or type*)

Applicant's Name

Phone Number

Part B: - **A counselor, administrator or member of the faculty** completes this section.

Please complete this form, scan and email it to HAEScholarship@gmail.com

(If you know the applicant well enough, it would be very helpful to the Committee if you could offer a brief example of the student's actions or behavior that leads you to the rating you assign below.)

The applicant's choice of a post-secondary education program is

Extremely Appropriate Very Appropriate Moderately Appropriate Inappropriate No Basis for Judgement

Comments: _____

The applicant's achievements reflect his/her ability

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant's ability to set realistic and attainable goals is

Excellent Good Fair Poor No Basis for

Judgement

Comments: _____

The quality of the applicant's commitment to school and community is

Excellent Good Fair Poor No Basis for

Judgement

Comments: _____

The applicant is able to seek, find, and use learning resources

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant demonstrates curiosity and initiative

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant demonstrates good problem-solving skills, follows through and completes tasks

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant's respect for others is

Excellent Good Fair Poor No Basis for

Judgement

Comments: _____

The ability of this applicant to assume leadership roles is

Excellent Good Fair Poor No Basis for
Judgement
Comments: _____

The level of maturity displayed by the applicant is

Excellent Good Fair Poor No Basis for
Judgement
Comments: _____

The overall success in higher education predicted for this applicant will probably be

Excellent Good Fair Poor No Basis for
Judgement
Comments: _____

Has the school ever disciplined the applicant? If yes, explain –

No Yes _____

Have the applicant's studies been seriously affected by outside work, illness or other factors? If yes, explain –

No Yes _____

In your opinion, has this applicant been working up to his or her true level of ability?

No Yes _____

SUPPLEMENTAL INFORMATION: Are there any other facts or impressions, which you feel the Scholarship Committee should know about this student? Please feel free to attach any further comments and/or personal recommendations on additional pages.

School Official Print Name

Signature

Title

Date

School Name

Phone Number

School Address

City

State

Zip

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