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

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## **US HAEA Scholarship Program Fall 2018**

**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 2018. Applicants for the Fall term must be enrolled in a minimum of 9 credit hours for the Fall 2018 semester.**

**Important dates:**

**Applications will be accepted starting January 15, 2018.**

**Awards will be announced by April 20, 2018**

**All applications must be emailed by March 23, 2018**

### **APPLICATION INSTRUCTIONS**

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**This form is to be used by students who have completed at least 2 semesters of college or vocational school prior to September 1, 2018.**

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](mailto:HAEScholarship@gmail.com)

**Remember: your application must be emailed by midnight EST on  
March 23, 2018**

**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.**

**US Hereditary Angioedema Association**  
**2018 Fall Semester**  
**Scholarship Program**

**SECTION I STUDENT APPLICATION – Applicant completes this form. (Print or type)**  
**Applicant Data**

Name *Last* \_\_\_\_\_ *M.I.* \_\_\_\_\_ *First* \_\_\_\_\_

Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female Daytime Phone Number email

**Education**

Name of High School attended City State Date Graduated

Name of School currently attending City State Est. Graduation Date

What will be your grade level in the **Fall of 2018**? (Example: 2<sup>nd</sup> semester junior)

If you are planning to transfer to another school to complete your degree requirements, name the school to which you intend to transfer and when this transfer will occur.

Name of School \_\_\_\_\_ Month / Year \_\_\_\_\_

If you have already decided your major of study, what is it? If not, indicate undecided.

Have you decided what career you hope to pursue upon graduation from school? If so, what?

Do you feel that your grades are an accurate index of your ability? If not, what circumstances do you feel have affected your scholastic record?



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### **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
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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
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### **Work Experience**

Please list all work experience.

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

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### **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
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***In 500 words or less, please outline how you deal with life hurdles - especially in terms of living with HAE – and your aspirations for the future. Note: If you are a re-applicant, you do not need to submit an essay.***

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***Certification***

**I certify that all statements contained in this application are true and correct, that I believe myself eligible, and I hereby apply for an HAEA Scholarship for the academic year 2018-2019.**

**Signed:**

Applicant

Date

**Note: Your completed application must be emailed by midnight EST on March 23, 2018**

**US Hereditary Angioedema Association  
2018 Fall Semester Scholarship Program**

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**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](mailto: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, 2018. 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.

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Applicant Signature

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Date

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**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.

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Applicant Signature

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Date

**Note: Your completed application must be emailed by midnight EST on March 23, 2018**

**US Hereditary Angioedema Association  
2018 Fall Semester Scholarship Program**

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## 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*

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**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 the first semester grades for the 2017-2018 school year. The student's transcript will not be considered if the first semester 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](mailto:HAEScholarship@gmail.com)

**Note: This form must be emailed by midnight EST on March 23, 2018**

## 2018 Fall Semester Scholarship Program

### SECTION IV – REFERENCES

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

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*Phone Number*

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**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](mailto: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.

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\_\_\_\_\_  
*School Official Print Name* *Signature*

*Title*

*Date*

\_\_\_\_\_  
*School Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*School Address*

*City*

*State*

*Zip*

**Note: This form must be emailed by midnight EST on March 23, 2018**