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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 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 scholarship 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**

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This form is provided for scholarship applicants who are graduating seniors in high school or **who have NOT yet completed two full semesters of college by 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](mailto: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.**

**US Hereditary Angioedema Association  
2017 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	( )	
Date of Birth			Daytime Phone Number	email

***High School Record***

Name of High School attended / currently attending	City	State	Number of Year(s) Attended
High School Graduation Date (Anticipated)			

*(NOTE: If you are a High School graduate already enrolled in a college, you must complete **Section IV** in addition to this section.)*

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

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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**US Hereditary Angioedema Association  
2017 Fall Semester**

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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, 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.

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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, 2017**

**US Hereditary Angioedema Association  
2017 Fall Semester**

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**SECTION III- HIGH SCHOOL TRANSCRIPT**

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

\_\_\_\_\_  
*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 Part B of Section II and 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:** High School Official completes this part.

***Please provide an up-to-date official school transcript for the applicant listed above. Transcript must include most recent semester grades for the 2016-2017 school year for high school seniors and most recent semester completed for high school graduates. Transcripts which do not include these semester grades cannot be considered for the scholarship program.***

**High 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 application must be emailed by midnight EST on March 23, 2017**

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

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**SECTION IV- COLLEGE TRANSCRIPT FORM (IF APPLICABLE)**

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

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*Applicant's Name*

*Student ID No.*

*Phone Number*

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**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.

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*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".*

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

*Date*

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**Part B:** School Official completes this part.

**Please provide 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.**

Cumulative grade point average \_\_\_\_\_/4.0 scale. *If grading scale is other than a 4.0, please include grade comparison explanation.*

**School Official:**

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*Print Name*

*Signature*

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*Date*

*Title*

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*School Name*

( )  
*Phone Number*

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*School Address*

*City*

*State*

*Zip*

**Please scan and email transcript to [HAEScholarship@gmail.com](mailto:HAEScholarship@gmail.com)**

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

**US Hereditary Angioedema Association  
2017 Fall Semester**

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**SECTION V – 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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\_\_\_\_\_  
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\_\_\_\_\_  
*School Official Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

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

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

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

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

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